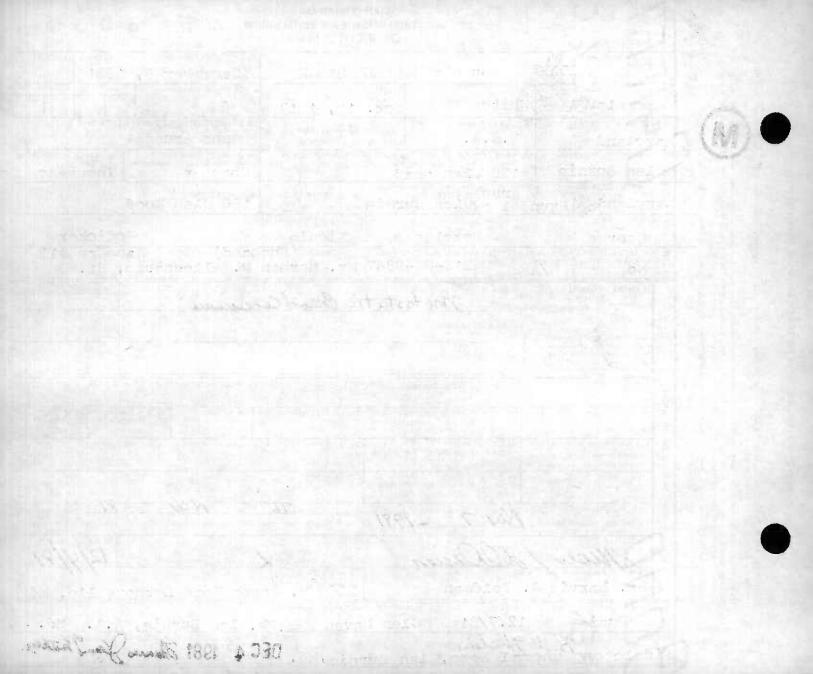
Singleton Funeral Home, Glen Burnie, Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI-James Anderson 171981 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE Apr. 0419,50 PRONOUNCED Male White DEAD 18 1981 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Anne Arundel County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Service Man 3. RETAIN PASHOULD BE F Glen Burnie Arundel Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Co. B, 1st Bn USAI, INSCOM 130. SMaryland 136 COUNT 13d. INSIDE CITY LIMITS? USED AS A BURIAL - RANSIT FRMIT. PAGES 1 2.
USED AS A BURIAL - RANSIT FRMIT. PAGES 1 AND 2.8
OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL IRAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ephriam S. Anderson Kay Arnold 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 215-58-1746 Sandra Anderson/8893 Flowerstock Rov Columbia, Madamate infez 0 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Blunt Injury to Trunk IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Partial incineration 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFFENDEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES XX NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR XXXX MONTH DAY YEAR 1719 81 CONTRIBUTING CAUSE OF DEATH 1 1:04 P.M. driver in auto/auto impact 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Neff Dr. Anne Arundel Co. Autopsy XX 22a. I certify that I took charge of the remains described above, held an Natural couses Accident XX Undetermined manner Homicide TITLE (SPECIFY) 12-18-81 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street 23d LOCATION CITY OR TOWN Knightstown 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Glen Cove Cemetery BP 24 FUNERAL DIRECTOR Marshall's Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR AS REGISTRA **DHMH-17** 9th Street, N. Wash, D.C. 2001h (VR A15 ME (5) 15M 2/80

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FRANCIS J. COLLINS FUNERAL HOME SURINGIL

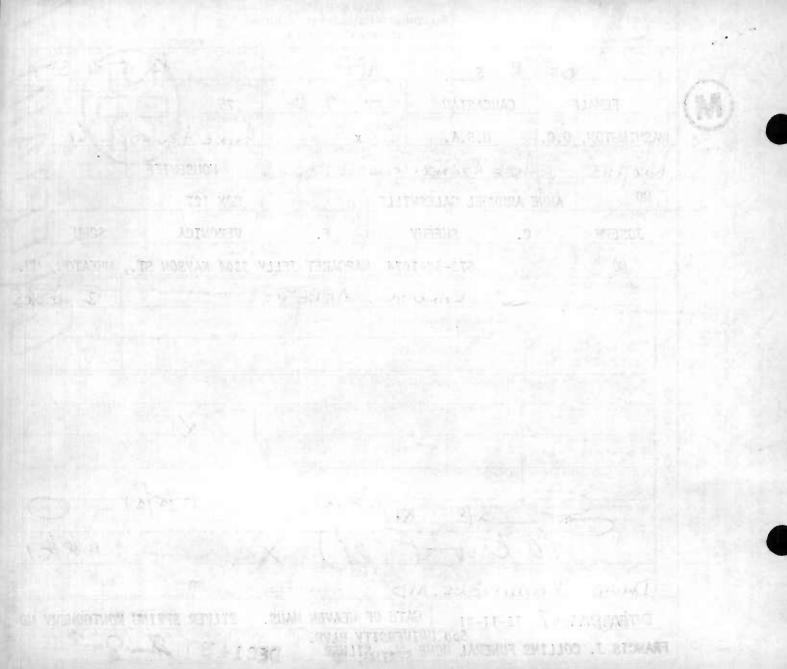
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Item 6 G 562 12/29/81 GAB

FOR

- STATE

REGISTRAR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 1981 MMA December 26. AGE (IN YEARS LAST BIRTHDAY) MONTH White DAYS HOURS Female June 29, 1920 61 Ja. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Anne Arundel County Penr .sylvania U.S. WIDOWEDXT DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife North Arundel Hospital INDUSTRY Glen Burnie DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131. CITY OR TOWN 13e STREET ADDRESS Baltimore 1000 Druidon Court Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James FIRST MIDDLE Elizabet Nauton Troy Anna In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-1108 James V. Baranauskas 7525 Hollybro no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hours DUE TO, OR AS A CONSEQUENCE OF MICV Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION any 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [and Mental Hygiei 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from weeky weeky sow the deceased always ,, and that in (new (our) opinion death accurred on the date and hour and from the causes stated obove, (the (we) (did (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING. MEDICAL STAFF TO FUNERAL Ishould be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN INAME (TYPE OF PRINT) 22e ADDRESS Ralph Updike & Raymond Bahr Wilkens & Pine Heights Ave. (Balto.) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12/29/1981 Glen Haven Mem.Pk. Glen Burnie. A.A. Md. Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Raymond C. Fink Glen Burnie, Md. (VR A 15 (4))

STATE OF MARYLAND

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he law r	te hos been usit permit.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NOTE NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
iCIAN: T	his certificate hos burial-transit per a Mental Hygiene or Item 18 shows	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
JG PHYS	the ond ked	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospital or	for us of He 21 is			oital) ottended the deceased from 12 ~ 12 ~ 8 (19 at) view the body after death.	, and that in (my) (aur) opinion	death occurred on the date and h	our and from the couses stated
AL OR the h	RAI DIRECT detoched for the Dept. of the Dep		22b. SIGNATURE	Shiply m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED
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			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH D	DAY YEAR 25 HOUR
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BALTIMORE	RS AFTER DE E. GIVE PAGE WITH FORM I. PAGES I A DIVISION OR		JAMES H. TIBBS JR. #	+3
	503 €0		8 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)	APPROLIDANTE RITERVAL BETWEEN ONSET AND DEATH
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-			death resulted fram: Natural causes a, Accident , Suicide , Hamicide Undetermined manner ,	
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REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO **LAST** 2a. DATE OF DEATH 3:07 BECK DECEMBER 1981 S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 58 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 12424 Park Heights Ave. 15. MOTHER'S MAIDEN NAME Ella May Turnbaugh Mr. James W. Beck Jr. Owings Mills, Md.

gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF.	Suding
ART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the terminal disease or cond	

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

CITY OR TOWN

STAFF

COUNTY

STATE

(my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

12.29-8 DIRECTOR | PHYSICIAN TIMORE-ANNAPOLIS

BURNIE, MARYLAND 21061 GLEN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE Dec.31,81

24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136

Finksburg, Md Evergreen Memorial

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15. MOTHER'S NAME						13d.	INSIDE CITY LIMITS?	R.D. #2 Box	c 141	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CONDITION S. (c)	12		Berger "	AIDDLE	LAST	15. A	MOTHER'S MAIDE	N NAME		LAST
PART IDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	16a. V	WAS DECEASED EVE YES, NO, OR UNKNOWN)								
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220. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection I, Inquiry II, and in my apinian death resulted fram: Natural causes X, Accident I, Suicide II, Hamicide II, Undetermined manner II, ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED 12-2-	AL CERT	UNDERLYING [OR	HOUR A.M.	MONTH DAY YEAR	21c. HOW II	NJURY OCCURRED) (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	YES XX
22e. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection I, Inquiry II, and in my apinian death resulted fram: Natural causes X, Accident I, Suicide II, Hamicide III Undetermined manner III, TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED 12-2-	MEDIC	21d. INJURY OCCU WHILE NO AT WORK AT	OT WHILE D	21e PLACE O STREET, FACTO	FINJURY (ATHOME,		ON	CITY OR TOWN	cou	INTY
(TYPE OR PRINT) Margarita A Koroll M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 236. DATE 1231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d. LOCATION COUNTY Brentwood, Md.	2	220. I certify that death resulted fra ACTUAL SIGNATURE	at I taak charge a		Accident , Su	icide , T , ADDR	Hamicide . ITLE (SPECIFY) SSISTANT RESS 111 P	Undetermined manner MEDICAL EXAMINER		

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M)		CEASED NAME THIST	7	Best	20.		A A4		10UR
	3.5E	_	ACE	5. DATE OF BIRTH MONTH DAY	YEAR	GE (INTEARS LAST BIRTI	MONTH		NDER 24 HRS
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n signed by the attendin Then please remave cark ta burial, crematian, ar injury, ar ather traumatic	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	nce of				V 7	0/5
t permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH		20a AUTOPSY? 20b. IF YES, WERE FI			JSED EATH?	
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TO FUNERAL DI should be detack with the State De IMPORTANT: If It	(PR PHYSICIAN'S NAME (TYPEC)	Schrod Mi		HYSICIAN DI	edical staf RECTOR PHYSIC		12-25 Ler	81
)	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY Wrial	- 01	iame of cemetery or cr ple Grove		3d. LOCATION CITY OR TOWN		New V	STATE
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Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401 | DEC 29 1981 Theres Can / hotels

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTI	FICATE OF DEATH	REG. N	0			
1. DECEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
	SOPHIE	F	•	B	EGEL		12/20	9/81	7 P N	
3. SEX FEMALE		4. RACE WHITE		MONT	OF BIRTH 24 1894	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR5 HOURS MIN.	
Mo. BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	• WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY C		MD	
Anna poli	5	Anne A	rundel Ge	neral	or other institution l Hospitaí	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE)		F BUSINESS OR	
Maryland		OTHER INSTITUTION DITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Edgewate		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 709 Londor	ntown R	load		
Evan	Tho	mas	Scott		15. MOTHER'S MAIDEN NAMBER THAT	Price:		Ford LAS	sT .	
160 WAS DECEASED NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166. SOCIAL SECUI		Jeanruie Bywa	aters Same		(Daug	ghter)	
CAUSE OF PART I. DE	TH WAS CAUSE	nly ane cause per D BY: IE CAUSE (a)	line far (a), (by and	le_	Strake	7		11	CEP	
gave rise to cause (a),	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)								1	
Ž	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a									
190. DATE OF C	PERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH			
4	AS UNDERLYING C G CAUSE OF DEA Y MEDICAL EXAMINER	.,,,,	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PAR	T) OR PART 2)		
WHILE	2 PATHON TALL		OF INJURY BEET, FACTORY, OFFICE, FA	FARM, ETC.) 211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
saw the d	220.1 certify that (1) (this hospital) attended the deceased fram 3 2 19 79 to 12 29 19 89, that (1) (mg) last saw the deceased alive an 12 29 19 89, and that in (my) (and) opinion death accurred on the date and hour and from the causes stated obave, (1) (ma) (dich (a)) view the body after death.									
226. SIGNATUI	e Ha	ale	CALL.	2	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE !	30/8/	
22d. PHYSICIAN	SNAME (TYPE O	och u	uan	W.	> 16 Mar	ay Ave,	Hun	apoli	224	
00 0110111 00			1/-	-7 -						

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236. DATE 1/2/82 Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md.

236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Suitland

P.G. COUNTY Maryland

250. DATE REC'D. BY REGISTRAR 256. REDISTRAR SNAT AND A 1982

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REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW JNJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ANNAPOLIS ROAD BURWOOD PLAZA, GLEN BURNIE, MARYA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Anne Arunde emeta ully tyneral Home of Brooklyn Patapsco Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1981 IF UNDER 1 YEAR

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

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INDUSTRY

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Robert S. Barranco Severna Park MO

FOR

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(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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1			REGISTRAR		MED	DICAL	XAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	REG. I	NO.		
,			CEASED NAME	FIRST		WIDDIE			LAST		Za. DA	E KNOWN	MONTH	DAY YE	AR 2b. HOUR
	San SH	(117	L OR PRINT)	CHARI	FS	R		RI	REMER		DE A	ESTI-	□ 12	14 19	81
6	46.195	3. SEX	4.	RACE	5. DATE OF BIRTH		6 AGE (IN YEA	RS IF UN		IF UNDER 24	HRS. 2c. D	ATE	MONTH		EAR 2d. HOUR
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14	MAN STATE		Maryla	nd	1	JSA		WIDOW		DIVORCED		ne Arun	idel C	ounty	MD
4	AGE :	10 CI	TY OR TOWN OF		11. NAME OF HOSE	HITY GIVE ST	REET ADDRESS!			TION	2a USUAL OC FOR MOST OF	WORKING LIFE)	YPE OF WORK	126 KIND OF OR IND	USTRY
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7 2	URS AFTER DEATH. IF ANY DELAY IS NECESSARY B. GIVE PAGES 1, 2, AND 3 TO THE FULIEDATION WITH FORM PM. 3. RETAIN PAGE 3. FOR YOUR T. PAGES I AND 2. SHOULD BE FILED, WITHIN 72. DIVISION OF WITAL RECORDS. 201 W. PRESTON 9.	13a. S	TATE ry land	135 COUN	imore		OR TOWN		13d. INSIDE (I	NO SQ	Box 16		nod Tr	ailer	Ct
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11.0	L EXAMINER: 1 E CERTIFICATE, DULD BE FORW L DIRECTOR: F H, WITH THE SI MARYLAND,		death resulted	from: Natu	ral couses .	Accident	Suic	de	Hamic	ide K	Undetermined	monner			
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	DEA SI NER VOR		EXAMINER'S N.	AME	/										
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)AI	nn M. Di纮c				DDRESS_		11 Penr				
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	DHMH - 17	24 FI	NERAL DIRECTO		ADDRESS.	005 -	3 11			ZSO. DATE REC	C'D. BY REGIS	RAR 25b. REG	GISTRAR'S S	IGNATURE	100
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) FLORENCE 1.5EX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS EGRO & BIRTHPLACE - ESTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? ABALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ARYLAND WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY LINOPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136, COUNTX 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1802 Bowman Court YES XX NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME BEANS. Sr HARROD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Apt ADDRESS 17 INFORMANT Annapolis. Md. TOLYES, NO OR UNKNOWN HEYES GIVE WAR OR DATEST JOSEPH T. BROWN 440 Boston Heights Circle APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Metastatic Breast Careinoma PART I. DEATH WAS CAUSED BY z mors IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in my (our) opinion death occurred on the date and hour and from the couses stated abave (1) we did (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS COLE W

230. BURIAL, CREMATION, REMOVAL SPECTURIAL

FOR

23b. DATE 1-2-1982 23c. NAME OF CEMETERY OR CREMATORY BREWER HILL CEMETERY

Annapolis

A.A. Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/R1 (VRA 15, 4)

Annapolis. REESE & SONS MORTUARY. P.A.

250. DATE REC'D. BY REGISTRAR LEGISTRAR'S SIGNATURE

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120	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 3 7 4
	1	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
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BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or special and completely filled in by ppers. Pages 1 and 2 should be filled in the medical executer must be to the filled in the medical executer must be to the filled in the medical executer must be to the filled in the medical execution.	130	
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LTIN sion brs. P	 	3777 3106 710
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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her Her		276 SIGNATURE 276. DATE SIGNED
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HOSPII FUNES Suld be by the St		1276. PHYSICIAN'S NAME (TYPE OR PRINT) / 120. ADDRESS
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7 € 5 4 3 ₹	23a.	BURIAL, CREMATION, REMOVAL 236, DATE 23C, NAME OF CEMETERY OR CREMATORY 23d LOCATION
0000 BP	-	BUR: 41 12-30-81 FT. LINCULN (EMT 737 ENT WOOD MIN
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARIS STORIAL PURE.
(VRA 15, 4)		W.W. CHAMBERS PRIVERDASE PANA 1982 Rum

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.107.	FOR	STATE OF MARYLAND	OFFICE OF 19 19 19 19 19
To	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	I. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
ge 3	Geor	ge T. Bunch	December 228/6Em
	3 SEX male	4 RACE S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEAR LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
一个(1)	70. BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY? 8	RAITIMORE CITY OR COUNTY OF DEATH
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an. has been to permit. I thermit. I thermit. I tene prior naws only ii.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
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hosp thesp thed fe them 2		226 SIGN TORE	the body after death.	DEGREE		221. DATE SIGNED
by the ERAL D e detoc Stote D ANT: If		27d PHYS CHANG NAME THE COUNTY	Level 1	ATTENDING PHYSICIAN ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	NO BOLUFI
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STATE OF MARYLAND

1	- STATE REGISTRAR		or with	CERTIFI	CATE OF DEA	TH	REG. N	D.		EST	
	DECEASED NAME FIR	ST	WIDDLE	LA	ST			MONTH	DAY YEAR	25 HOUR	
L		RENE	N.	CALD	WELL		DECEMBE	R 4,	1981	9:25A	
3	SEX	4 RACE	1	5. DATE OF	BIRTH		. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
\L	F	Cu	5/.	MONTH	19 (57	80	YRS.	MONTHS DAYS	HOURS MIN.	
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Œ	Both Nid	0	.S. A	WIDOWED	-		ANNE ARU	NDEL	COUNTY	ME	
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ı	abave, (1) (we) (did) (d	did nat) view the bad	y after death.	- /	EGREE				22c DATE		
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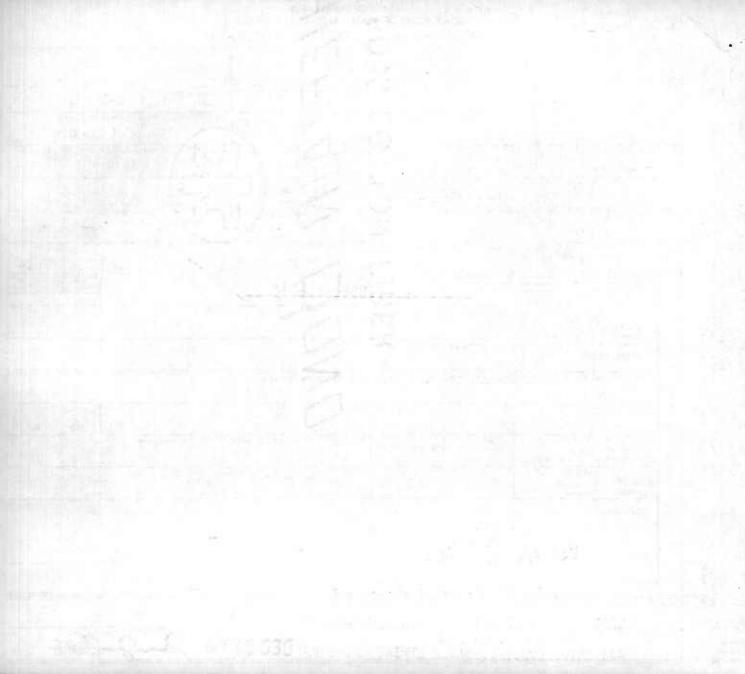
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TO FUNERAL DIRECTOR

DEC 10 1981 Courses

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IS ADDIEDRES MADE MANUEL	1	3a. S	TATE	YTANCOUNTY		13c. CITY OR TOWN	DN)	3d, INSIDE CITY LIMITS? YES X NO C	13e. STREET ADD	GRANGE	ROAD	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Bronchiolitis MARDIATE CAUSE DEVI- PART I DEATH WAS CAUSED BY: MANDEDIATE CAUSE (a). DUE TO, OR AS A CONSCOUENCE OF Conditions, if any, which gove rise to immediate couse (a) intring the under- lyon couse last interest intring the under- lyon couse last intring the under- lyon couse (a) intring the under- lyon couse last	I	16a. V (Y	S, NO, OR UNKNOWN)				Y NO.		HANDEL O		- 10 12	TATUT
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DUE TO, OR AS A CONSEQUENCE OF	ı		PART I DEATH	WAS CAUSED BY	f:		Bronch	niolitis			BETV	VEEN ONSET AND D
GOVE TISE to immediate course (c) thorson the underly course (c) the terminal disease or condition given in part 1 iai. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERIVING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE ONT WHILE STREET, PACTORY, PARM, EIC) 21e. PLACE OF INJURY (ATHOME, STREET) 21e. PLACE OF INJURY (ATHOME, STREET) 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural courses XXX Accident On the terminal destribed above, held on Autopsy Inspection On the undetermined manner On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection On One of the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection One of the part 1 iai. 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection One of the part 1 iai. 22e. I certify that I took that I iai. 22e. I certify that I t	1		745	MMEDIATE C	AOSE (O)			arii Syriai	Onio			
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220. I certify that I took charge of the remains described above, held on Autopsy Non-spection ond in my opinion death resulted fram: Natural causes Natural Natural Causes Natural		CERTIFICATION	194 DATE OF OPE	RATION LUSE WAS	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	S PERFORMED?		INJURY IN ITEM 18 P.		_
220. I certify that I took charge of the remains described above, held on Autopsy XX Inspection . Inquiry . ond in my opinion death resulted from: Natural causes XXX Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . MAD ASSISTANT MEDICAL EXAMINER . SIGNED . ASSISTANT MEDICAL EXAMINER . SIGNED . ADDRESS . 111 Penn Street 230. BURINAL, CREMATION, REMOVAL . 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY . COUNTY . STATE			210. EXTERNAL CA	RATION LUSE WAS	19b. CONDIT	ION FOR WHICH OPER INJURY MONTH DAY YEAR	ATION WAS	S PERFORMED?		INJURY IN ITEM 18 P.		_
death resulted from: Natural causes XXX Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE	2)		210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU	NUSE WAS OR CAUSE OF DEA	196. CONDIT 216. TIME OF HOUR A.M. 21e. PLACE C	ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME.	21c. HOV	S PERFORMED? WINJURY OCCURR ATION	ED LENTER NATURE OF		ART 1 OR PART 2)	re ¾ ♥ NO
ACTUAL SIGNATURE MACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNED 12-16-81 EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. Address 111 Penn Street 238. BURIAL, CREMATION, REMOVAL 238. DATE 238. NAME OF CEMETERY OR CREMATORY 238. LOCATION CITY OF TOWN STATE	7		11% DATE OF OPE 710. EXTERNAL CA UNDERLYING CONTRIBUTING 71d. INJURY OCCU WHILE NO	CAUSE OF DEA	196. CONDIT 216. TIME OF HOUR A.M. 21e. PLACE C	ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME.	21c. HOV	S PERFORMED? WINJURY OCCURR ATION	ED LENTER NATURE OF		ART 1 OR PART 2)	_
ACTUAL SIGNATURE MAD ASSISTANT MEDICAL EXAMINER DATE 12-16-81 EXAMINER'S NAME (TYPE OR PRINT) MATGARITA A. KOTELL, M.D. ADDRESS 111 Penn Street 238. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE	3		210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT	RATION SUSE WAS OR CAUSE OF DEA JRRED JY WHILE WORK	196. CONDIT 196. CONDIT 216. TIME OF HOUR A.M. TH P.M. 21e. PLACE C STREET, FACTO	INJURY MONTH DAY YEAR 19 FINJURY (ATHOME, DRY, FARM, ETC.)	21c. HOV	S PERFORMED? WINJURY OCCURR ATION EET	ED LENTER NATURE OF	fown	ART 1 OR PART 2) COUNTY	YE % ♥ NO
EXAMINER'S NAME (TYPE OR PRINT) Margarita A Korell, M.D. ADDRESS 111 Penn Street 230. BURGLE (SPECIFY) CEMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE	3		210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT 220. I certify the	RATION USE WAS OR CAUSE OF DEA JRRED JY WHILE WORK at I took charge of	196. CONDIT 196. CONDIT 216. TIME OF HOUR A.M. 216. PLACE C STREET, FACTO f the remains desc	INJURY MONTH DAY YEAR OF INJURY (ATHOME, DRY, FARM, ETC.)	21c. HOV	S PERFORMED? WINJURY OCCURR ATION LIST Inspection	ED LENTER NATURE OF	ry , onc	ART 1 OR PART 2) COUNTY	YE % ♥ NO
(TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS III POIN STORE 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE	3		210. EXTERNAL CAUNDERLYING CONTRIBUTING 21d. INJURY OCCUWHILE NCAT WORK AT 220. I certify the death resulted from	RATION USE WAS OR CAUSE OF DEA JRRED JY WHILE WORK at I took charge of	196. CONDIT 196. CONDIT 216. TIME OF HOUR A.M. 216. PLACE C STREET, FACTO f the remains desc	INJURY MONTH DAY YEAR OF INJURY (ATHOME, DRY, FARM, ETC.)	21c. HOV	S PERFORMED? WINJURY OCCURR ATION EET Homicide TITLE (SPECIFY)	ED (ENTER NATURE OF CITY OR DI , Inqui Undetermined	ry , onc	COUNTY	YESV ♥ NO
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE	13		210. EXTERNAL CALL UNDERLYING CONTRIBUTING CONTRIBUTING AT WORK AT 220. I certify the death resulted from ACTUAL	RATION USE WAS OR CAUSE OF DEA JRRED JY WHILE WORK at I took charge of	196. CONDIT 196. CONDIT 216. TIME OF HOUR A.M. 216. PLACE C STREET, FACTO f the remains desc	INJURY MONTH DAY YEAR OF INJURY (ATHOME, DRY, FARM, ETC.)	21c. HOV	S PERFORMED? WINJURY OCCURR ATION EET Homicide TITLE (SPECIFY)	ED LENTER NATURE OF CITY OR Undetermined	ry , onc	COUNTY	YESV ♥ NO
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	2	WEDICAL 23 a Bi	210. EXTERNAL CA UNDERLYING CONTRIBUTING 210. INJURY OCCU WHILE AT WORK AT 220. I certify the death resulted fre ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) PRIAL CREMATION	CAUSE OF DEADURED OT WHILE WORK at I took charge of DEADURED DIT WHILE WORK Matural of DEADURED Me Marginer Margine	19b. CONDIT 21b. TIME OF HOUR A.M. 21e. PLACE C STREET, FACTO 6 the remains described with the courses XXX arita A.	INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, DRY, FARM, ETC.) Tribed above, held on Accident , Sui	21f. LOCA STR Autopsy icide	S PERFORMED? WINJURY OCCURR ATION EET Homicide TITLE (SPECIFY) ASS I ST AT	ED LENTER NATURE OF CITY OR Undetermined MEDICAL EX	ry , onc manner , AMINER	COUNTY d in my opinian DATE 12- SIGNED	st 16-81
		23a. 86 (S	210. EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CAT WHILE AT WORK AT 220. I certify the death resulted from the contribution of the contrib	RATION AUSE WAS OR CAUSE OF DEA JRRED OT WHILE WORK At I took charge of DIMMINISTRATION Natural CAUSE ALE MATCH J. REMOVAL 235.	19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTOR couses XXX Constant A. DATE 2/18/81	INJURY MONTH DAY YEAR 19 SFINJURY (ATHOME, DRY, FARM, ETC.) Cribed above, held on Accident , Sui KOTELL, M. C. 23c. NAME OF CEA	ATION WAS 21c. HOV 21f. LOCA STRI Autopsy icide	S PERFORMED? WINJURY OCCURR ATION EET Homicide TITLE (SPECIFY) ASSISTAT DDRESS 111 CREMATORY NGTON 1250. DATE	ED IENTER NATURE OF CITY OR Undetermined The MEDICAL EX Penn Str [33] LOCATION CITY OR TOWN ADEL PH REC'D. BY REGIST	ry , ond manner , AMINER	county DATE 12- SIGNED PRI GEO	16-81 STÂVED.



11	FOR DEPARTMENT OF HEALTH AND MEN STATE	. Mr. I with 4 to
P	REGISTRAR MEDICAL EXAMINER'S CERTIFICA	ATE OF DEATH REG. NO.
-	DECEASED NAME FIRST MIDDLE LAST TYPE OR PRINT)	20. DATE KNOWN MONTH DAY YEAR 25. HOUR
22.25	DONNA K. CARBACK	DEATH MATED & 12 20 1981
2 100		UNDER 24 HRS, 26. DATE MONTH DAY YEAR 24 HOUR SHOURS MIN. PRONOUNCED DEAD 12 21 181 2:20 D M
PRESTOR WHEN	BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER	R MARRIED . 9. BALTIMORE CITY OR COUNTY OF DEATH
を を を を を を を を の で の の の の の の の の の の の の の	CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	DN 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY OR INDUSTRY
D	Pasadena 8456 Bussendias Rd. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(lenk-(hessie System
E2836	STATE 136 COUNTY 136 CITY OR TOWN YES 130 INSIDE CITY Pasadena YES 130 INSIDE CITY	LIMITS? 134 STREET ADDRESS NO 12 8456 Bussendius Road 21122
10 46 P	FATHER'S NAME Villian Sharp, Sr. Eve	Lyn M. Angell
WITH FORM I PAGES 128 DIVISION OF	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES) 214-56-0830 Mrs. E.	
NG" IN PENCIL IN TEM I CAL EXAMINER ALONG BURIAL - TRANSIT PERMI I AND MENTAL HYGIENE, AATION, OR REMOVAL	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMMEDIATE CAUSE (a) Multiple gunshot and sta DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	ab wounds APPROXIMATE INTERVAL SET WEEN ONSET AND DEATH
OF HEA	198. CONDITION FOR WHICH OPERATION WAS PERFORME	
PRIOR	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 12-20- 181 Subject : 21d. INJURY OCCURRED 21d. INJURY (AT HOME. 21f. LOCATION	YES NO COURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Shot and stabbed.
AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	AT WORK AT WORK NOME 8456 BUSSING IN AUTOPSY AT WORK NOT ALL WORK NOT	Stant MEDICAL EXAMINER DATE SIGNED 12-22-81 11 Penn St.
BP	BURIAL CREMATION REMOVAL 23b. DATE (SPECHY) Burial 12/26/81 FUNERAL DIRECTOR Mc (ully Funeral Home of Pasadena 12/26 Duntain and Lick Neck Rds. Pasadena Md. 21122	Park Gen Burni Anne Arundel Md. Date REC'D. BY REGISTRAR SQUATURE

1 E A L S 360 - 355 transport runs market randows x 5000 terrorities sout 2012 nessen . show se well . Havele Jacker de la jour laver manaine rank plan ment entre handen, his Phononica una cara frenchista per l'anna per l'anna de l

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN TYPE OR PRINTS OF ESTI-JOHN W. CARBACK DEATH MATED 8 10 mil. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, DIVISION OF VITAL RECORDS, 201 W FILED, WITHIN 74 HEALE, 3. SEX 4. RACE AGE LINYEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED white 81 2p DEAD male 19 To. BIRTHPLACE (STATE OR L CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Anne Arundel County WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bussendins Pasadena Marina 136. COUNTY 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Anne Arunde 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Haze Murray 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS No 1856 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wounds of head (unspecified weapon) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION USED / 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTED EPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 12-20-1981 Subject shot ? P.M. 2 TE PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) Md. WHILE AT WORK Anne Arundel 8456 Bussendins. Pasadena, home 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide X Undetermined manner death resulted fram: Antural causes TITLE (SPECIFY) ACTUAL 12-22-81 Assistant DATE SIGNATURE 111 Penn St. EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BP 24 FUNERAL DIRECTOR **DHMH-17** Mc Cully F.h. Mountain & Tick Neck Rds, 21122 (VR A15 ME (5) 15M 2/80

so car had some . d. outer agreed of transfer A 1979 Judgmental le. 1723 riouna 7. Competer, Namel . Intern ---- William of the state of th 14 and 151 years named one out? The devote many traffic and The purpose of the state of the

STATE OF MARYLAND

CARINI

DATE OF BIRTH

10

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ARUNDEL GENERAL HOSPITAL

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J.

WHITE

Th CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

131 CITY OR TOWN

LAST

MICK

DUE TO, OR AS A CONSEQUENCE OF

MONTH

TAT HOME STREET, FACTORY OFFICE FARM ETC I

GLEN BURNTE

166 SOCIAL SECURITY NO

220-03-4774

DUE TO, OR AS A CONSEQUENCEME tastatic

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY

YEAR

ESTELLE

136 COUNTY

A.A.

18 CAUSE OF DEATH (Enter only one couse per line for (a),

IMMEDIATE CAUSE

PART I. DEATH WAS CAUSED BY

Canditions, if any, which gove rise to immediate cause 101, stoting the

underlying cause last

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive an

(IF YES, GIVE WAR OR DATES)

4 RACE

FIAI	OI	1116	MF		MIND	MITIAL	ML	11
CE	RTI	F	CA	TE	OF	DEAT	H	

04

13d. INSIDE CITY LIMITS?

NO X

JOSE PHINE

15 MOTHER'S MAIDEN NAME

MARRIED X NEVER MARRIED

17 INFORMANT

Carcinoma of Lung

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

09

	REG. N	10.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	
		12	31	81	12:	35 M
1	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HRS
		72 YRS	MONTH S.	DAYS	HOURS	MIN.
	9 BALTIMORE CITY	OR COUN	TY OF D	DEATH		111
	ANNE AF	UNDE	L		-)-	MD
Ì	12a USUAL OCCUPAT	ION	12	b. KIND O	F BUSINE	SSOR

906 WELLHAM AVENUE, 21061

SCHMANG

PROXIMATE INTERVAL VEEN ONSET AND SEATH

4 months

NO F

STATE

GLEN BURNIE, MD.

206. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

12.31.81

YES F

IN CERTIFYING CAUSES OF DEATH?

TYPE OF WORK FOR MOST OF WORKING LIFE!

MIDDLE

HOUSEWIFE

BENEDICT J. CARINI 906 WELLHAM AVENUE

carcinoma

20a AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

and that in (my) (our) apinian death occurred an the date and haur and from the causes stated

13e STREET ADDRESS

3	g.	
1	E AV	1
P	M)
Jon	_	2

FOR

COUNTRY

FEMALE a. BIRTHPLACE I STATE OR FOREIGN

O CITY OR TOWN OF DEATH

GLEN BURNIE

JOHN

LYES NO OR UNKNOWN)

MARYLAND

MARYLAND

4 FATHER'S NAME

NO

1 - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

3. SEX

by ti place 2 sh puo p be urial-transit 00 FUNERAL DIRECTOR: A sould be detached for use that the State Dept. of Heal 0

MPORTANT

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CUNTY
137. CITY OR TOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IFICATION

MEDICAL

obave, (1) (we) (did) (did nat) view the body ofter death 226. SIGNATURE Paul Schonfeld M.D. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) PAUL SCHONFELD, M.D. 23¢ BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL

WHILE

236 DATE

216 TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M.

220 I certify that (1) (this hospital) attended the december from 81

407 CRAIN HIGHWAY S. 23c. NAME OF CEMETERY OR CREMATORY

LAKE VIEW MEM.

72e ADDRESS

211 LOCATION

STREET

23d LOCATION CITY OR TOWN SYKESVILLE

TENDING X MEDICAL STAFF

CARROLL

24 FUNERAL DIRECTOR

01-04-82 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

PARK

1982 Frances

21 061

DHMH - 16 50M 1/81 (VRA 15, 4)

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Mark South Television State (14		
William S. Again Sangar and Street	of the contract of the total of the contract o	
1 1982 Thomas Jan Mitthey !		
The Constant Total	The large transport rays and a real colleges of summ	

STATE OF MARYLAND

DEPAR

TMENT OF HEALTH AND MENTAL HYGIENE	Ö	6	5	0	2
CERTIFICATE OF DEATH		REG. NO.			
1477					

1	* STATE REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	0 0 0
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	PEOR PRINT) Nancy	D.	Childs	Dec. 19,1	981 5:20Pm
3. SE		ACE 5	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 0	remale	White	Sept. 30 1920	YRS.	
70. B	SIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	YewYork	USA IW	IDOWED DIVORCED	Hone Hr	undel MD.
10 0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION (TYPEIDE WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
IF	nnapolis H	nne Hrundel	General	Housewife	Home
13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADM	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	WD HT	Annapoli	S YES NO	11654 Poplar	Lane
14 F	ATHER'S NAME FIRST MIDE	DLE, LAST	15. MOTHER'S MATDEN NA	WE	TZAA D
1	nerrill Do	elano	Hazel		Holmes
160	WAS DECEASED EVER IN U.S. ARMED		NO. 17 INFORMANT	ADDRESS	Same as
	ND -	- 024-12-3	537 Frederic	R-Childs	#13
	18. CAUSE OF DEATH Enter only o	ne cause per ling for (a), (b), and (c	,	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13	PART I. DEATH WAS CAUSED B'	1 A MANGET IN	Carcinonia of le	us with	
-	1629	DUE TO, OR AS A CONSEQUENC	EOF in 1 10		- 1
100	Conditions, if ony, which	(b)	Metastuses to	cervial nodes	Med-
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENC	F OF		
	underlying cause last	(c)			
	PART 2 OTHER, SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1101
O	delerade	rma.			
S.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		S, WERE FINDINGS USED
CERTIFICATION	A STATE OF THE STA				FYING CAUSES OF DEATH? ES NO
Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
EDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
X	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	ETC) SIREMI	CIII OK IOWN	COONIT STATE
100	22a.1/certify that (I) (this hospital)	ottended the deceased from	14/2,161	_, to	19 1, that (I) (we) last
	saw the peceased glive on above, (1) (we) (did) (did not) vi	ew the hady after death	, and that in (my) (aur) opinion	deoth accurred on the date and ho	ur and from the couses stated
	226. SIGNATURE	0 10 1 1	DEGREE		ZZL DATE SIGNED
	July ()	Duly	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/21/8/
1	224 PHYSICIAN'S NAME (TYPE OF PRI	INT 1	220 ADDRESS		1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should begiled within 73 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician BP

injury, ar ather traumatic event, the medical

DHMH - 16 50M 1/81 (VRA 15, 4)

CEMETERY OR CREMATORY

DEC 23

AND INPORT DE CHARLES DE CARLES tabauah want - Arat wall Amost Stanzand Language Comment Stanzante Homes and tobal Wool & colonial 119 100 lastili Colons on 150 Illanof a ETHE STATE OF STATE OF STATE OF Constigued Land Land of Dog Sala 2 1 had to Com say American't who must be 187 188 (Eval no items Sun -

	2				STATE OF MARYLAND					
		1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0 5 8 4			
	,	1 DF	CEASED NAME FIRST	MIDDLE	TPAT	REG. NO. 20. DATE OF DEATH MONTH DATE	Y YEAR IN HOUR			
by be age 3 deoth			ORPRINT) EMMI		COATES	12 9	81 230			
de de	91	3 SE		1 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS			
4 / ME		-			MONTH DAY YEAR		NIHS DAYS HOURS MIN.			
980			EMAIE	WHITE	8- 18-1913	68 YRS.				
0.24	21	Ja. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED XX	9 BALTIMORE CITY OR COUNTY O	FDEATH			
deoth uner hin {	Baltimore Md.			USA	WIDOWED DIVORCED	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
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y th se re crer			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF					
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R A hos		1	22b. SIGNATURE	view the bady after death.	DEGREE		22c. DATE SIGNED			
the the plant of t) +	Touble	(1) (K) 1111	ATTENDING .	MEDICAL STAFF	12/0/01			
by by ERA e de e de Stot		0	22d. PHYSICIAN'S NAME TYPE OF	PPINTI	PHYSICIAN X	DIRECTOR PHYSICIAN	12/7/3/			
etoined by TO FUNE should be with the S	1		ENSER W	, COLEI	121 CATH	HEORAZ ST ANN	JAPOLIS			
of of short with MM		23a. B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION				
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(VRA 15, 4)			NAME	Home 12 Ridgley	Ave Anna. Md. DF	2 4 1 1001 Manual	Jan Parthe			
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH Colman (TYPE OR PRINT) -- Cohmon Therese 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) White MONTH OAYS 1896 E emale Feb. To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY Maryland WIDOWED DIVORCED Anne ARunde NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Haberdasher Store Rofton Conv USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Anne NO 6+4100 347 Kekhan WRIGHTO Arunde l 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST UNKNOWN UNKNOWN Oak Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Mrs.Belle Jacomet-Falls Church, Va 18 CAUSE OF DEATH Enter only one cause per line to PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION

206 FYES, WERE FINDINGS USED 190 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 28g AUTOPSY? CERTIFYING CAUSES OF DEATH? NO YES [NO I 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

21f. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE WHILE

22a. | certify that (1) (this hospital) attended the fleceased from sow the deceosed alive on and that in (my) (our) opinion deoth occurred on the date and from the couses stated above, (1) (we) (did not) view the body after death.

226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

IAN'S NAME TTYPE OF PRINT! 77e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burral Congressional Cem. Washington,

DHMH - 16 50M 1/76 (VR A 15 (4))

-Uppers Marlboro Maryland 20772 Coleman Funeral

STATE

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with the state Dept. at recult and mental rigglere pitol taloutal, cremation, or remakol. (MPORTANT: If them 21 is marked at them 18 shows any injury, or other traumatic event, the medical exami

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	, 0	E	ST
	CEASED NAME FIRST		AIDDLE	t	ASI	2a. DATE OF DEATH	момтн	DAY YEAR	2b HC	DUR
	BEATR	ICE	(MIN)	C00	PER	DECEMBER	21,	1981	8:	00A M
3. SE	3. SEX 4. RACE				OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	R IF UND	DER 24 HRS
	Female	White	9	May		86	YRS	MONTHS DAYS	HOURS	5 MIN.
√a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B		9 BALTIMORE CITY	1110	TY OF DEATH	•	
1 1	Virginia	U.	S.A.	WIDOWE	D NEVER MARRIED 🖾	ANNE ADIMDET COUNTY				
	ITY OR TOWN OF DEATH	11. NAME OF	IOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION	126 KIND		MD.
	GLEN BURNIE		FACILITY, GIVE STREET TH ARUND		SDTTAT.	TO CH 3	OF WORKING	LIFE) INDUSTRY	Civ	ril
USU	AL RESIDENCE (IF NURSING HOME O				DETIAL	Postal		Ser	. V •	
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, , ,	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		27	L	AST	
	Arthur	W •	Cooper			JNKNO				
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN Great-Neice OPRESS Sa				as	
		J/A	232.20.3135 Mrs. Sus		Mrs. Susa	an Brewer		as	# 13	
NOI	Conditions, if ony, which gove rise to immediate cause ion, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
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27a.1 certify that (1) (this hospital) attended the deceased from 19 saw the deceased alive on 19 saw the 19 saw the deceased alive on 19 saw the deceased alive on 19 saw the deceased alive on 19 saw the 19 saw										(we) lost
	Obove, (i) (we) (did) (did not) view the body offer death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE		
	22d. PHYSICIAN'S NAME (TYPE	R PRINT)			17e. ADDRESS 7845 OAKWOOD ROAD, #201					
	ALEJANDRO N	ONTOYA.	M.D.		GLEN BURNIE, MARYLAND 21061					
	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
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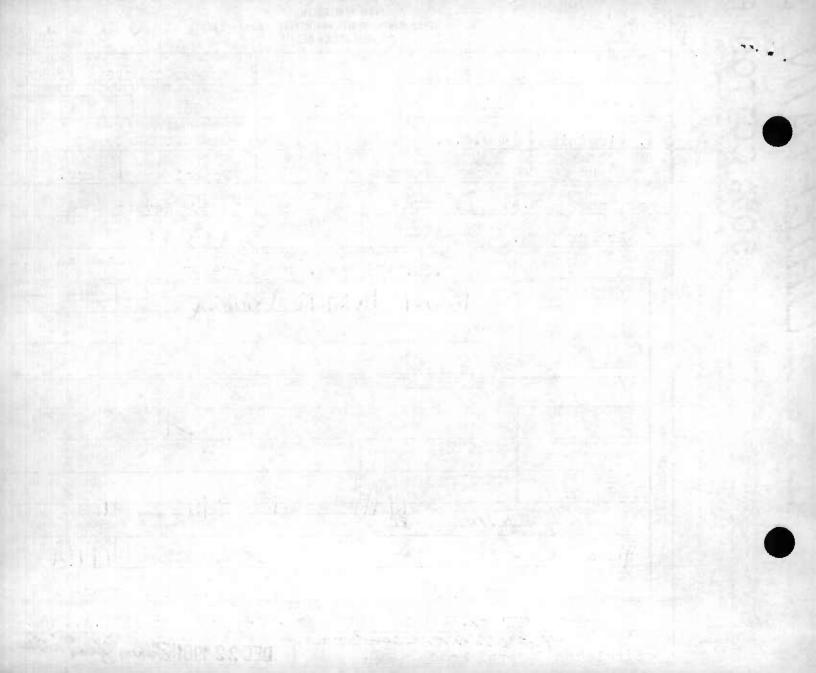
DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR
NAME
Singleton Funeral Home

MD.

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3	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6	3 0	5 8 9
	(TYP		RION	Cooper	20 DATE OF DEATH	MONTH DAY YEAR 12-1-8	- COO WI
ge 4 III	3. SE	EMALE	White	5. DATE OF BIRTH MONTH 9 29-1921	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YE.	AR (FUNDER 24 HRS
Juneral dis	7c. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	OR COUNTY OF DEATH	MD,
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be execu			MED FORCES? TE WAR OR DATES) S80-16-	0	A. Coope		13
s that the death certificate of by the ottending physici plose remove corbangaper rol, cremotion, or removal.		PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), o D BY: FE CAUSE (o) DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c) POLYMAN	uratory fai	/une	APPR BETWEE	ÖXIMATE INTERVAL N ONSET AND DEATH
quire signa then p to bu	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CON	IDITION GIVEN IN PART	lio
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TTENDING pitol or of TOR: Afri for use os of Health		AT WORK AT WORK	tol) of other ded the deceased from 19_	, ond that in (my (our) opinion	, to, to	dote and hour and from the	_, that (I) (we) lost the causes stated
HOSPITAL OR A ned by the hos FUNERAL DIRECTION of the detoched the Store Dept.		22d PHYSICIAN'S NAME LIVE O	utdel m	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STA	AFF /	7-1-81
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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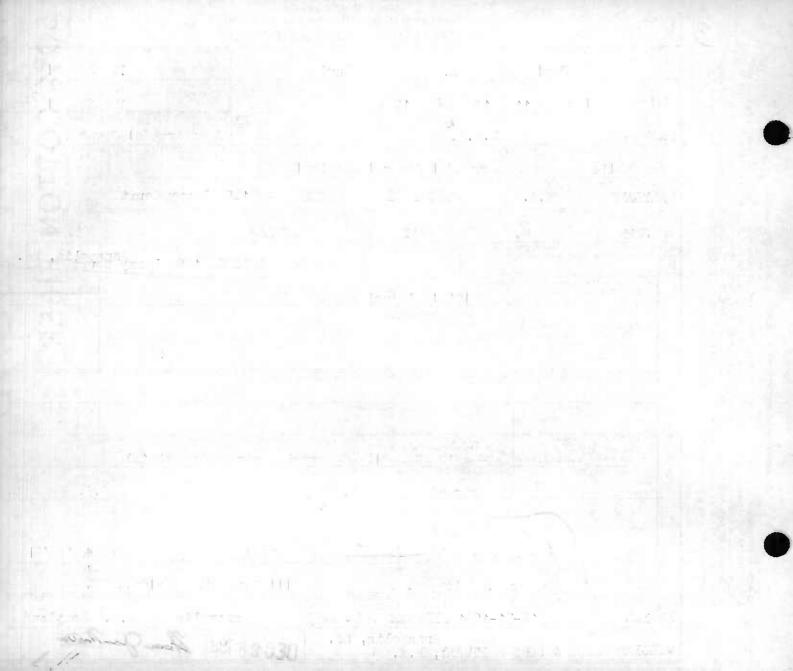
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR LLOS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (a) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2-20-81 Annapolis

STATE OF MARYLAND

A BUT BY ASSESSED THE REPORT OF THE PARTY OF THE PART WILLIAM FOR LICENTA DENNISOLIA No Charles For 2 Station Olling Bus of 12-24-81 Prochase American Jane 11d

	3	11-	FOR STATE REGISTRAR		MED			HAND MENTAL H	EDEATH	3 0 REG. NO.	5 9	2
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	SE S	FC	REIGN COUNTRY)				MARR	IED NEVER MARRI	ED 4545	_		
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	SHOPE OF					ILITY, GIVE STREET ADDE	RESS)		12a. USUAL OCCUPATION FOR MOST OF WORKING		OR INDUST	RY
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21201	DEATH. IF ANY DELAY IS NECESSARY, REASE (SES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. RM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AMD 2 SHOULD BE FILED, WITHIN 72 HOURS ON YOUR RESTON STREET.		RYLAND	13b. COUN	R OTHER INSTITUTION, GIVI	131 ANN APP		13d. INSIDECITY LIMITS?	134 STATE OBERTY	Court		
WD.	1. F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. F/	ATHER'S NAME					15. MOTHER'S MAIDE	NAME			
ORE, A	DEATH PARTY		JOHN JOHN		H.	DAVIS		ROSEL			BROW	N
BALTIMORE,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE- RRD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGE: CHIEF MEDICAL EXAMINER ALONG WITH FORM IS USED AS A BUGHAL - IRANSIT PERMIT. PAGES I AS USED AS A BUGHAL - IRANSIT PERMIT. PAGES I AS USED AS A BUGHAL - IRANGENE, DIVISION OF URIAL, CREMATION, OR REMOVAL.	NC	ES, NO, OR L. JKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC	URHY NO.	ROSELLA E	LDRIDGE 129	Oberry C	apolis,	Md.
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ST	L KA KA		PARTIDE	ATLIBUTAC CALICET	E CAUSE (a) MU I	1 1 1 1 1 1	,				BETWEEN ONSE	T AND DEATH
O	ALONA SOR	>	81	1 IMMEDIAL		AS A CONSEQUE						
NE SE	FILL N. S.			ns, if any, which								
*	MINAMIN		cause (a)	se to immediate stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUEN	NCE OF					
, 201 W. PRESTON ST.,	EXECUTED ING" IN PE ICAL EXAM A BURIAL- H AND MEI MATION, O		lying cau	se last.	(c)				Considered to the last		1000	5 140
DIVISION OF VITAL RECORDS,	EXEC DICAL A BU	z	PART 2 DINER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL DISEAS	E DR CONDITION GIVEN IN PAI	RT 1 (a).			
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<u>></u>	CE 3 SE 3 SE	ME			STREET, FACTO	DRY, FARM, ETC)		STREET	CITY OR TOWN	cou	NIY	Md.
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- 4	NEW DIE	Spall .	death result	ed fram: Natur	al causes .	Accident X,	Suicide	, Hamicide .	Undetermined manner	r 🔲.		
	WIT WIT		5500A	()	1 (1)	10	9	TITLE (SPECIFY)				
	A A A A A A A A A A A A A A A A A A A		SIGNATURE,	1	howork) Your	A	Deputy Chi	ef MEDICAL EXAMINER	DATE SIGNE	12/26,	/81
	NEA SET	-	EXAMINER'S	NAME			1		D	D. I.b	10	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRITIFICATE, WRITING THE WORD."PIP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO PUNEAAL DISECTIOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	Francis .	(TYPE OR PRI	NT) INC		nith, M.D		ADDRESS		Baito., i	4D.	
		23a. B	URIAL, CREMA SPECIFY) JRIAL	TION, REMOVAL 2	36. DATE 12-31-198			OR CREMATORY	23d. LOCATION	COUN	TY Many	TATE
	BP	-	UNERAL DIREC		15-71-170		WN MEM.	Ter 5 125	Annapolis REC'D. BY REGISTRAR	A.A.		and
	DHMH - 17	1.0	NAME		ADDRESS	Annap	olis, l	10. 0	28 1981	Lane Can	Marchan	
	(VR A15 ME (5)) 15M 2/80	WI	. INALLI	ULEDE & S	ONS MORTU	ARY, P.A		DEC	60 1001	0		

STATE OF MARYLAND



1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 3	REG. NO.	3 0	5	9 3 E.S.T.
	PECEASED NAME	FIRST		MIDOLE		AST	2a. DATE OF I	DEATH MONTH	OAY	YEAR 2b	HOUR D
		MELVI	N	L.	2174 57	SON	DECEMI		1981	1	1:45° M
L	Male		1 RACE White	e	5. DATE O	- DAY YEAR	6. AGE (IN YE)	ARS LAST BIRTHOAY)	MONTHS RS		OURS MIN.
15 4.	BIRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED		ARUNDEI			MD.
4	GLEN BURN	IE	NORTH	ARUNDEL	HOSPI	TAL	1 / 1	ccupation formost of working t Build	NG LIFE) INDI	KIND OF B USTRY	USINESS OR
5 130	Maryland	136 COUN		130. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO (1)		Broadvi	ew Blv	rd.Gl	enBurni
20	FATHER'S NAME FIRST And ROSE	Andrew	AIDDLE	Dawso		15. MOTHER'S MAIDEN NA	ME -	WIGOTE		Brig	ggs
160	(YES, NO OR UNKNOWN)		MED FORCES?	216-09-		Mrs. (atheric	re Daws	on, Same	as abo	ove	
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CERTIFICATION	19a DATE OF OPER	ITAL ATION	y este	TION FOR WHICH		N WAS PERFORMED	200 AUTOP	SY? 20b. IF	FYES, WERE ERTIFYING C	FINDINGS AUSES OF	
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MED	21d. INJURY OCCU	VHILE ORK	21e. PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	cou	NTY	STATE
	220. I certify that (sow the decea above, (I) (we) 22b. SIGNATURE	sed olu on.	of) oftended the	19 19 8		nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL	STAFF			
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230	(SPECIFY) Burio		136. DATE Dec. 24			emetery or crematory aven Mem. Park	Glen	Burrie,	A. A. Vo	Mary	land

McCulty Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

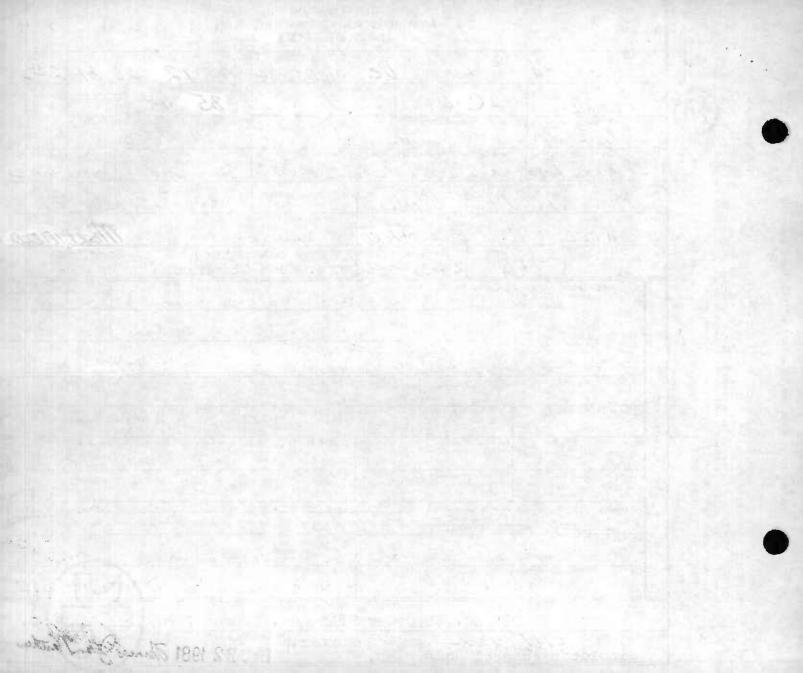
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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STATE OF MARYLAND



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160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT ADDRESS (YES, NOOCUNKNOWN) (IF YES, GIVE WAR OR DATES) 213-05-7602 Bertha, E. De Veax Seme as 13 approximate interval between onset and death a	and 2 sh	14 F.A	- FIRST		15. MOTHER'S MAIDEN NAM	E	(1)2/1	lace
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12		FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO. E.S.					
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ge 4 m	3 SE	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 14/7 7 / 900	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
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OR ATTENE te hospital of DIRECTOR: oched far use Dept. af Hec		170.1 certify that (f) (this hospi saw the deceased alive on above, (f) (we) (did) (didha 121-545NATURE	12119 19		n death accurred on the date and	hour and from the couses stated				
£ -0- ±	<	22d. PHYSICIAN'S NAME	7	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/19/81				
TO HOSPITAL TO FUNERAL should be defund be defund the Store IMPORTANT:		ANASTACIO E.	SUBONG, M. D.	7951 OAKWOOI	ROAD, GLEN BUR	NIE, MARYLAND				
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STATE OF MARYLAND

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1/58	F	NEGRO	S. DATE OF	8 1902	8. AGE INTERMEDIATER	7 YRS.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
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DHMH - 16 50M 1/81 (VRA 15, 4)

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Drillian Keesei Som Mortnary P. J. - anna . md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) MARGARET DRAPER DECEMBER 20. 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR Female White July 1919 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED ennsylvania U.S.A. WIDOWED X DIVORCED ANNE ARUNDEL COUNTY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife GLEN BURNIE NORTH ARUNDEL HOSPITAL Home AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Millersvil Md. 558 Lanny Ct 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Thomas Shaffer McQuire Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) George Kerewicz, same as no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line) or (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DIV OR CONDITION GIVEN IN BART 10 CERTIFICATION Thee? 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION No AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. 549-47-ATLINE DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME OR PRINTS 22e. ADDRESS 7951 OAKWOOD ROAD ANASTACIO E. SUBONG, M.D. BURNIE, MARYLAND 21061

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(VRA 15, 4)

should by with the IMPORTA

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

24 FUNERAL DIRECTOR

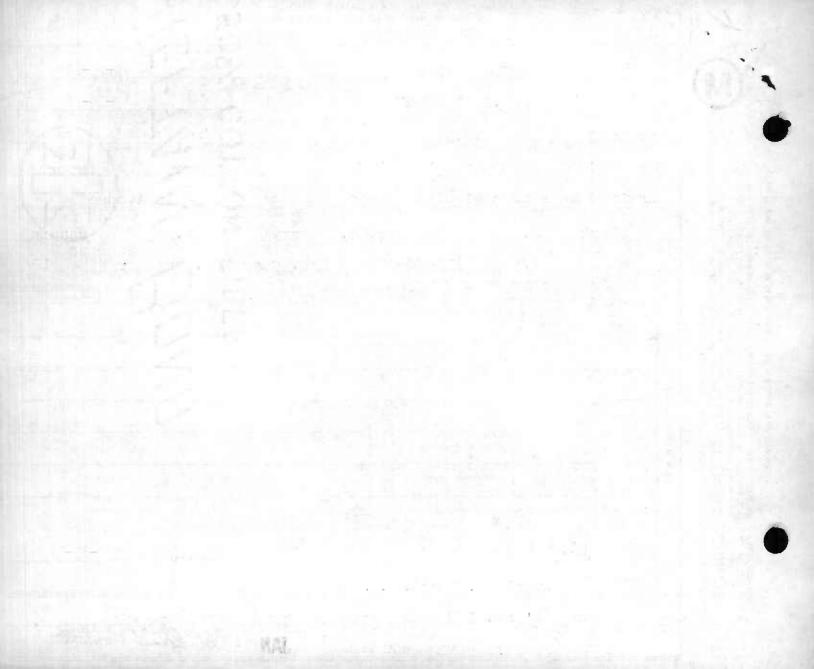
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION ITY OR TOWN

12/24/81 German Prot. Cem. Mahoney Tames S. Kirkley, Glen Burnje

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7	_	ATHER'S NAM		19. A. I				15. MOTHER'S	MAIDEN NAM			1110110		
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1	(1	ES, NO, OR UNKNO NO		N/A	ES)	213-64-	0520	Mrs.			Dren		. as T	13
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THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		427	0		4 /	AS A CONSEQUE	NCE OF	1725		77		4.1	112.1	
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8) stating the under		E TO, OR	AS A CONSEQUE	ICE OF							- 35
S S		lying cut	use lust.		(c)									
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<u>۔</u> ر	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	191	CONDIT	ION FOR WHICH	OPERATION W	AS PERFORME	D?				20 AUTOPS	Y?
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1		death result	ted fram: Natu	ral causes	X.	Agcident .	Suicide	, Hamicide	. Und	letermined n	nanner .	,		
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T,		ACTUAL SIGNATURE	Meny	re h	MY	nu	N	Assi	stant ME	EDICAL EXA	MINER	DATE 1	2-30-8	
57	-													
BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PR	int) Mar	gari	ta A.	Korell,	M.D.	ADDRESS		nn Str				
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STATE OF MARYLAND 0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH REG. NO.

	ECEASED NAME 1991		MIDDES.		(45)	In DATE OF DEATH	MONTH DA	IT YEAR	2h. HOL	JR -
110	Joseph	Edw	ard Duch	arme	s Sr	December 2	5. 1981		001	0 4
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70.	COUNTRY)	71 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH		31.5
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00	denton MD	Kimbrou	gh Army Co	mmur	or other Institution	Yard Super	OF WORLHS LIFE)	Maryl	1	255 OR
The	aryland Ba	omonement Unity 1timore	Arbutus		134 INSIDE CITY LIMITS? YES NOXX	13s STREET ADDRESS 24 Colony		Housin	100	
5	Edward	MODIE	Ducharm	e	13. MOTHER'S MAIDEN N	Unk no		EME		
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDR	E55	212	27	
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No	gove rise to immediate couse to staring the underlying couse last. PART 2 OTHER SIGNIFICANT Emphysema	(c) E		rot	ic Heart Dise		DITION GIVE	N IN PART I	or).	
Ę	14a DATE OF OPERATION	19E COND	TION FOR WHICH OP	ERATIO	IN WAS PERFORMED	78s AUTOPSY7	206. IF YES,	WERE FINDS	NGS USE	D
CERTIFICATION	1 7 7 6					YES TI NOT	IN CERTIFY:	ING CAUSES	OF DEAT	
	THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING . CAUSE OF D INTERHER NOTICE MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DAY	YEAR 19	THE HOW INJURY OCCU	RRED (switze statute of each	OFF the Utility, U.S. P. A.B.	T) OR FART 2)	J.	
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1	ow the deceased dive a above, (1) we) (did) (did)	not with body	after feath. 19		nd that in (my) (our) apinio	n death occurred on the d	ate and hour o			
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	OCITION	FJO	11030 N	W/	Kimbrough	Army Communi		Man	rvla	nd
230	Burial	12/30	arter and the second second		emetery or crematory idge Mem. Pk	CITY YM TYWAR	How	ard Co	. M	id'.

BP

DHMH-16 30M 2/80 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT, If him 21

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR STATE REGISTRAR

DEC 2-8 1981

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Town to Minned Stanger, E. E. Beenhour 26 1981

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NOR RAGE			F. Dunca		16b SOCIAL	SECURITY NO.	17. INFOR	therine		ADDRESS	Cald	vece	
J. BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DELAY IS GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN PAGES 1 AND 2 SHOULD BE HE DIVISION OF WHAT RECORDS, 20	(Y	Yes	WN) (IF YES, GIVE	WAR OR DATES)	57864	1786	М.	Clara i	uncan	Sam	e as		
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XECUTED VG" IN PICTOR EXAMPLE EXAMPLE EXAMPLE AND MEION, CATION, CATIO		lying cau	se lost.	(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHEIGHE MEDICAL EXAMINER ALONG WE SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO IPRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SP	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH OU	IT NOT RELATED T	O THE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 1	œl.				
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITION	ON FOR WHI	CH OPERATION	WAS PERFOR	RMED?				2D AUTOPSY	?
F VITAL RE SHOULD WORD "PE CHIEF N BE USED A BURIAL, O BURIAL, O	TIFIC			Mi Str								YES 😾	NO 🗌
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OER CER	MEDICAL	21d, INJURY C			RY, FARM, ETC.)		OCATION - STREET		CITY OR TO		COUNT	TY	STATE
DI THIS WARE PAGE 2120		AT WORK	NOT WHILE [_ buildi	ing	Rt		McKinse	y Rd., A	nne Aru	undel	County	, Md.
A POR PROPERTY OF THE SAME		22a I certi	<i>'</i>	ge of the remains descr	ribed above, h	neld on Aut	psy X.	Inspection _	, Inquiry	L, ond	d in my opin	ion	
STEE SECTION OF STATE		deoth result	ed from: Natu	ral couses	Accident	, Suicide L			Indetermined m	onner,			
E CERTINA MARY		ACTUAL SIGNATURE	STK	Juga	V		Ass	specify)			DATE	12-10	-81
STORE, I			11		_		M.D		MEDICAL EXAM	AINER	SIGNED.		
TO MEDIC EXECUTE: PAGE 4 S PAGE 4 S AFTER DE BALTIMO!	-	EXAMINER'S (TYPE OR PRII	NAME HO	ormez R. Gu	uard, N	1.D.	_ADDRESS_	11	I Penn	Street			
52 P P E 5	23a.B	URIAL, CREMA	TION, REMOVAL	23b DATE	23c. NAM	E OF CEMETERY	OR CREMAT	ORY 2	3d. LOCATION CITY OR TOWN		COUNTY	51	TATE
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DHMH-17	24. F	UNERAL DIREC		ADDRESS				DATE REC'	D. BY REGISTRA	R ZSb SIS	IRA SIG	MARCH	
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7	I I	tem 16b G 563 1,	/19/82 GAB	STATE	OF MARYLAND				
		FOR - STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYGII CATE OF DEATH	REG. NO		0 5	0 2
1 76		CEASED NAME FIRST ALICE	MIDDLE	DYS		DEC	18 10		25. HOUR 2340
Acoust /	3. SE		4 RACE	5. DATE O	F BIRTH	S. AGE (IN YEARS LAST BIR	THDAY) IF (IF UNDER 24 HRS
- / /		FEMALE	CALLCAS	An 5	- 26-1895	86	YRS.	THS DAYS	HOURS MIN.
1 1 1 1 1 1 1 1 1 1	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) ASS.	76. CITIZEN OF WHAT COU	MARRIED WIDOWE	DINEVER MARRIED ☐	BALTIMORE CITY O	Anne	Aru	nde/ MD
1 23 201	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV			120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126 KIND OF INDUSTRY	BUSINESS OR
2 2 24		T MEADE MD AL RESIDENCE (IF NURSING HOME OR	KIMBROUGH	A ARMY	HOSP	Tenche	-	Elem.	5ch-01
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moke,		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. 011	-32-3674 32-2455	Robert F.	Vincent		c./3	
BALT sote b spers vol. nt, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D PV.						ATE INTERVAL
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zor med b pleos uriol,		PART 2 OTHER SIGNIFICANT O		HYDKATT		NAL DISEASE OR CON	DITION GIVEN		
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low r	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
The icion.	RIE	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		11. HOW IN HIRV OCCUPAN	YES NO	YES [NO 🗌
NG PHYSICIAN: The low requirent offending physicion. Ifter this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be ordered or Item 18 shows any injury.		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	1 OR PART 2)	
PHYS tendir this nd M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DING or of After e os t olth o	18	22a I certify the (1) (this hospi	tal\ attended the decreased	from		to	19.		not (I) (we) lost
TENE Sitol of TOR: Or use SI is r		sow the secessed olive on	9.75		d that in (my) (our) opinion de				
hosp hosp hosp heept.		obove, (I (we) (did) I mid on 22b. SIGNATURE	r) view the body after death.		DEGREE		0,500	22c. DATES	IGNED
Y the Y the CAL D deto deto D deto D TI. If		un	Much	ly	ATTENDING PHYSICIAN	MEDICAL STAI		12-1	9-81
O HOSPITAL O HOSPITAL TO FUNERAL Should be dei		224 PHYSICIAN'S NAME INHO	office and		12e. ADDRESS	1 221	1110010		
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	23a.	BURIAL, CREMATION, REMOVAL	23h. DATE	0 1	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
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E.	OA SEE		AS DECEASED EVE	D INTLLE A DAA	-	16b SOCIAL SECT		17. INFORMAN			DDRESGle			
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2			18. CAUSE OF DEA	TH (Enter anly	ane cause per line	far (a), (b), and (c).)	1 1	2	1	/	BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
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	BP		Burial	1	2/11/81	Glen I	Haven	Mem.			rnie,		. Md	l.
	DHMH - 17	24. FU	NERAL DIRECTOR		ADDRESS		4773		DATE REC'D. BY		REGIST	उत्तर न	AIRE	
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DEPARTMENT	OF	HEALTH	AND	MENTAL	H

YGIENE

1981

IF UNDER I YEAR

2b. HOUR

1:30P

IF LINDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

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1	0	0
		TOC

- STATE REGISTRAR		DEP	CERTIFICATE OF	
CEASED NAME	EIDCT	MIDDLE	TZAI	

				REG. NO.
I. DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH
	GERTRUDE		EISENBERG	DECEMBER 18
3. SEX	4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)
Fomalo	Whit	0	AMPLIP 2 DAY 1010 EAR	71

TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?

Anne Arundel Glen Burnie

NURSING HOME OF OTHER INSTITUTION

Russia

CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWEDXX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION Housewife

Jean

Own Home

USUAL RESIDENCE 130. STATE Maryland

GLEN BURNIE

Jacob

Louis

Dekelbaum 166. SOCIAL SECURITY NO. 579-10-7226

NORTH ARUNDEL HOSPITAL

13c. CITY OR TOWN

17 INFORMANT

13d. INSIDE CITY LIMITS?

Ida

YES XX NO 15. MOTHER'S MAIDEN NAME

685 N. Riverside Drive.

Feldman

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),

DUE TO, OR AS A CONSEQUENCE OF

Mrs. Freda Brenner Crownsville, Md. 2103 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

8035 Greenleaf Terrace Apt. 12

Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

190. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOXX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20a AUTOPSY?

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. IN JURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

22a | certify that (1) (this haspital) attended the deceased from

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

22e ADDRESS

COUNTY CITY OF TOWN

STATE

NO [

sow the deceased alive on VCC. 18, above, (1) (we) (did) (did not) view the body after death MGNATUR

(SPECIFY)

DEGREE ATTENDING

MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c, DATE SIGNED 12/18/1981

220 PHYSICIAN'S NAME (TYPE DEPRINT) RECEP EROL, M.D.

23a. BURIAL, CREMATION, REMOVAL

Burial

12/20/1981

23C NAME OF CEMETERY OR CREMATORY

Beth Sholom Congregation Washington.

325 HOSPITAL DRIVE, #104 BURNIE, MARYLAND 21061

and that in (my) (evr) opinion death occurred on the date and hour and from the causes stated

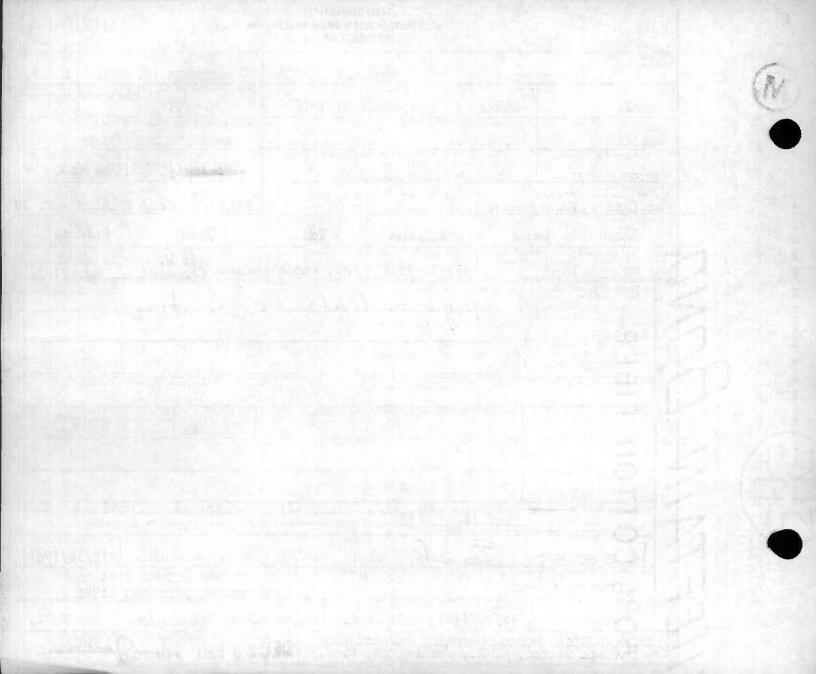
DHMH - 16 50M 1/B1 (VRA 15. 4)

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MPORTANT

or Item

ard RM. Stein Hebrew Memorial Funeral Home Carroll Street, N. W., Washington, D. C.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN OF ESTI-V 2h HOUR (TYPE OR BRINT) TIMOTHY DEATH MATED FERGUSON 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR 7:50 IF UNDER 24 HRS DATE THE FUNERAL DIRECT LAST BIRTHDAY) PRONOUNCED 19 male black DEAD 12-22-816 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS NOrth Arundel Hospital OR INDUSTRY FOR MOST OF WORKING LIFE OF WIAL RECORDS, 13b. COUNTY 728 Cecil Avenue 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE TIMOTHY MIDDLE FERGUSON STOKES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT ADDRESS DIVISION OR UNKNOWN) 426-62-1417 TIMOTHY McCOCHRAN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute carbon monoxide intoxication IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORLD FAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBBALTIMORE, MARYVAND, 21201 PRIQR TO BURIAL. NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR, A.M. MONTH UNDERLYING exhaust fumes from defective vehicle MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED (AT HOME AT WORK NOT WHILE Hog Farm Road "Miltersville "Maryland 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE PINELAWN MEM. PARK BP Annappl 1 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAF Annapolis. Md. **DHMH-17** REESE & SONS MORTUARY. P.A. (VR A15 ME (5) 15M 2/80

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201	0		len Burn		Nort	th Aru	indel	. Co	nv. Cen	ter	Secreta		We	sti	nghous
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours to retending physician and completely filled in a stree this certificate has been signed by the ottending physician and completely filled in as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be lith and Mental Hygiene prior to buriol, cremation, ar remaval.	2	USUA 130. S	L RESIDENCE (IF NURS	NO HONE OR	OTHER INSTITUTIO	130 CITY O	R TOWN	e l	13d. INSIDE CITY LIV YES X NO	MITS?	3e. STREET ADDRESS	th S	tree	t	
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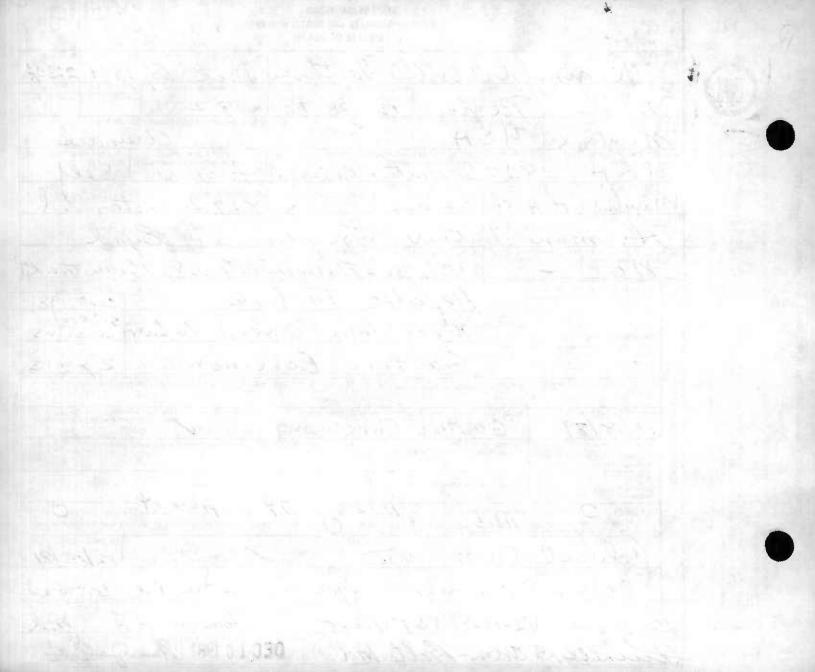
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STATE OF MARYLAND



Home, 1212 West St., Anna., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

Beall Funeral

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medicol		WAS DECEASED EVER IN (U.S. ARMED FORCES? FYES, GIVE WAR OR DATES]	216-36-70		17. INFORMANT REV. EVELYN	ADDISON 312		polis, t Beac	
£ "		18. CAUSE OF DEATH	Enter only one couse per	line for (o), (b), and (,		APPROXIA BETWEEN O	AATE INTERVAL
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Hem 18 s		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	Temp
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If Hen		22b. SIGNATURE	15	1114	-	DEGREE ATTENDING	MEDICAL STA		22c DATES	IGNED
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MPORTANT		22d, PHYSICIAN'S NAME	TEITSUB	fun mi	9	22e ADDRESS				
3	23a I	BURIAL, CREMATION, REA			ME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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24. FUNERAL DIRECTOR REESE & SONS MORTUARY, P.A.

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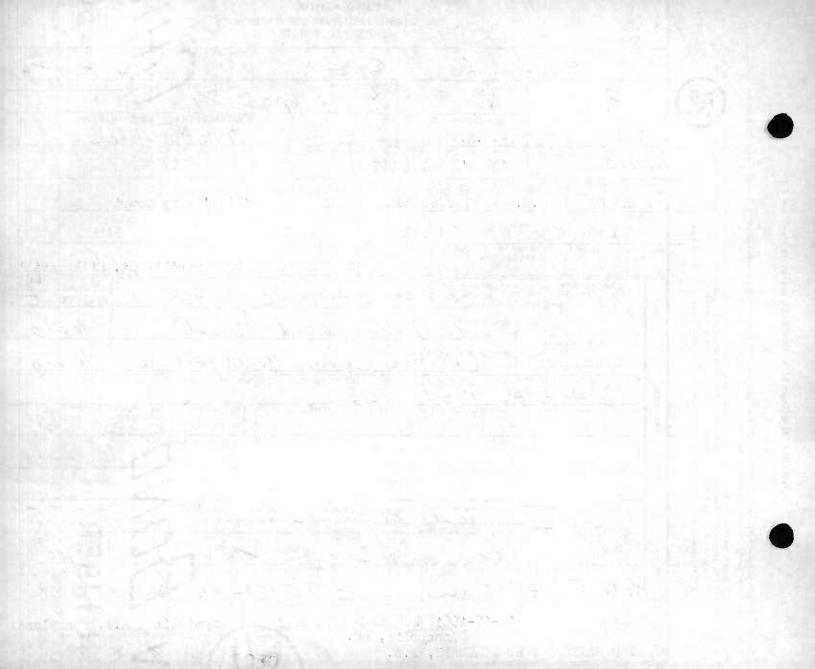
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STATE OF MARYLAND

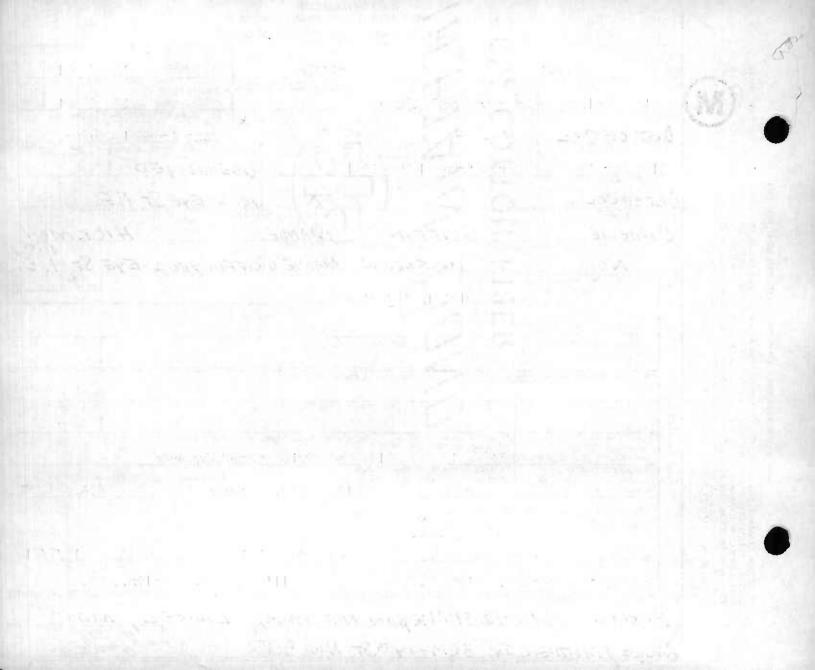
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND



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WHEN WELL	1	deoth resulted from: 1 Natu	ral causes . Accident	Suicide .	Homicide Und	determined manner			MD. 28. HOUR 4P MD. USINESS TRY TEINTERVAL TEINTERVA
WAR WAR		ACTUAL A.	11/1		TITLE (SPECIFY)		DATE	10 "	7.401
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Carring Funeral Home P.A. Aberdeen Md. 21001-3199

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, poshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 haurrafter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

death

6	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	0 1	3	0 6	1.7		
	1. DE	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	, NO.	DAY YEAR	26. HOUR		
⇒	{TYPE	E OR PRINT)	ertr	ude	Virgin	ia	Guercio			1981	2355P _M		
1	3. SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
1		Female		Car	1	O C	t 4 1892	2 89	YRS.	NONTHS DATS	HOURS MIN.		
35		IRTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 7		WHAT COUNTRY?	8. MARRIEI WIDOWE	□ NEVER MARRIED □		TIMORECITY OR COUNTY OF DEATH Anne Arundel County MD				
21		ITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	mmunity Hos	12a USUAL OCCUP	ATION IST OF WORKING LIFE	126. KIND OF BUSINESS OR			
35	130. S	AL RESIDENCE (IF NURSI STATE aryland ATHER'S NAME	13b. COUNT	Y	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO K		ss erger	Stree	t		
20 2C		illiam	M	MIDDLE LAST FIRST MIDDLE COTA						Helms			
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njury, or other troumatic eve	NO	Conditions, if ony, gove rise to imm cause (a), statinunderlying cause	nediote g the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	SS 131 E 61		ONDITION GIVI		5		
dup smou	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?		
1 men 18 st	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT	P.	OF INJURY .M. MONTH DA .M. OF INJURY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PA	ART 1 OR PART 2)			
rkedo	MEC	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY O	RTOWN	COUNTY	STATE		
II: If Item 21 is mo		22a.1 certify that (I) sow the decease aboye; (I) (we) (d	d olive on id) (did not)	view the body	19_		d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN {	MEDICAL S	TAFF				
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		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 12-28			emetery or crematory ridge Mem. P				yland		
		UNERAL DIRECTOR NAME Ibbard Fune	ral H	ome, Ir	nc. 4107 V	Wilke		EC 28 198			Withen !		

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	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 REG. NO.	30018
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pe 4	3. SEX	4 RACE	S DATE OF BIRTH MONTH DAY YEAR 44 10 05	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER 24 H. MONTHS DAYS HOURS MII YRS
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filled in hould be	Max -N. J.	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 132 CDYCAR Anne Arunde Montol	FORE ADMISSION TO THE LIMITS YES NO PA	13e. STREET ADDRESS 378 Claire	64 Sheffield Rd.
ompletely and 2 sl	Samuel Samuel	MIDDLE Balcom	15 MOTHER'S MAIDEN Rhoda	WIDDLE	Lowe
Poges 1	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	CURITY NO 17 INFORMANT -4016A Mary Ruth	Peck Seve	erna Park, Md.
been signed by the ottend been signed by the ottend mit. Then please remove ca prior to burnal, cremation, a any injury, or other traumat	PART 2 OTHER SIGNIFI	the ost. (c) CANT CONDITIONS CONTRIBUTING 1	QUENCE OF O DEATH BUT NOT RELATED TO THE T		ON GIVEN IN PART 1(a
The k	21g. ACCIDENT WAS UNDERLY	TING 21b. TIME OF INJURY	21c. HOW INJURY OC		CERTIFYING CAUSES OF DEATH?
ALOR ATTENDING PHYSICIA the haspital or attending pl ALDIRECTOR: After this certifi- etached for use as the burial-th te Dept. at Health and Mental It: If them 21 is marked or Item	OR CONTRIBUTING CAUSE (IF EITHER, MOTIFY MEDICALE DE L'ATTION OF L	AMINER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI s hospital) attended the deceased fro	21f LOCATION STREET and that in (my) (our) opin DEGREE		COUNTY STATE , 19 , that (1) (we) and hour and from the couses stated
HOSPII ined b FUNEF ould be h the St	MAN MAN	CARANK NO	22e. ADDRESS	- Rifeline He	Clubing and
Of Of Sty M	23a. BURIAL, CREMATION, REA	AOVAL 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	

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Wif-36-7180 Mary Egt. Fech Coverna Vark, Mc.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO		
1. DECEASED NAME FIRST	MIDDLE	t t	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
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3 SEX	I. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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10. CITY OR TOWN OF DEATH		AL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND C	OF BUSINESS OR
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14 FATHER'S NAME	IDDLE	LAST	15. MOTHER'S MAIDEN N				
FRANK HA	LLAME	YER	Ann	WIDDLE	RU	PDER	7.
	WAR OR DATES)	OCIAL SECURITY NO	17 INFORMANT	ADD	RESS 75	507	00/
700	0//	000000	CICIHIS /	BLIHIIEYE	P 11	HEITHLE	MATE INTERVAL
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190. DATE OF OPERATION	196 CONDITION	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
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OR CONTRIBUTION CALLES OF OTHER	21b. TIME OF INJU HOUR A.M. M		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2]	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
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naw the domaind alive on _	view the body ofter d	19 8/ , on	d that is (my (our) opinion	death accurred on the	date and ha	ur and from the	couses stated
22h JUSHI MORE			PEGREE			27c DATE	SIGNED
(Cold	21/a	veen f	ATTENDING PHYSICIAN A	MEDICAL ST.	AFF	12/	29/11
22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	3.40	22e ADDRESS				1/0/

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave corban papers. Pages I and 2 should be filled would the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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injury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL 23b. DATE

SCHWARTZ

23c. NAME OF CEMETERY OR CREMATORY

ROAD GLEN BURNIE MARYLAND 23d. LOCATION

MIL DATE REC'D. BY REGISTRAR 258 REGISTRAR SIGN

24 FUNERAL DIRECTOR

FOR - STATE

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CHORCE F HALLANGYER DESIGNED 20 1981

GLEN BERNTE DECIN ARENORE ENSPECAL CONTRACTOR OF THE ARENORE ENSPECAL.

7845 CANDOD BOAD GLES BURNIE ARRYLAND

The Property of the second sec

DAVID SOMARTE

rames S. Kirkley Glen Burnie Md

FOR

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR			DEP		HEALTH AND M		IENE 8	NO	3 0	6	2.	i
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160 WAS DECEASE		ARMED FORCES?		SECURITY NO.	17 INFORMAN	RENE	ADI	DRESS		COL	LETT	
YES NO OR UNKN	OWN) (IF YES.	OREA	100	0-4712	JEAN R			SYCAM	ORE I	ROAD	~	
couse (o), underlying	gove rise to immediate couse lost, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)											
PO DATE OF CENTRE NO OR CONTRIBUTION (IF EITHER NO OR CONTRIBUTION OR CONTRIBU	OPERATION	196 CONI	DITION FOR WE	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE			TH?
710. ACCIDENT OR CONTRIBUT	WAS UNDERLYING	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJ	JRY OCCURR	RED (ENTER NATURE OF M	JURY IN ITEM 18	8 PARTIOR	PART 2)		
21d. INJURY C	NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OF	FICE FARM ETC)	211. LOCATION	4	CITY OR	TOWN	cor	UNIY	5	STATE
sow the	deceosed olive I) (www.ld.dr/did	spital) attended to on not) view the bod	118	19 51.6	DEGREE AT	TENDING	death occurred on the	TAFF				
JOHN	H. SHAW	M.D.			5800 1	EDMOND	SON AVENUE	R	Rev	141	7 7	122
230 BURIAL, CREM				23c NAME OF C	EMETERY OR CR	EMATORY	THE LOCATION	7553 J.	COUNT	,		TATE
BURIA	L	12-2	3-81	LOUD	ON PARK		BALTIMO	RE CI	TY	MA	RYLA	ND

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the hospital or

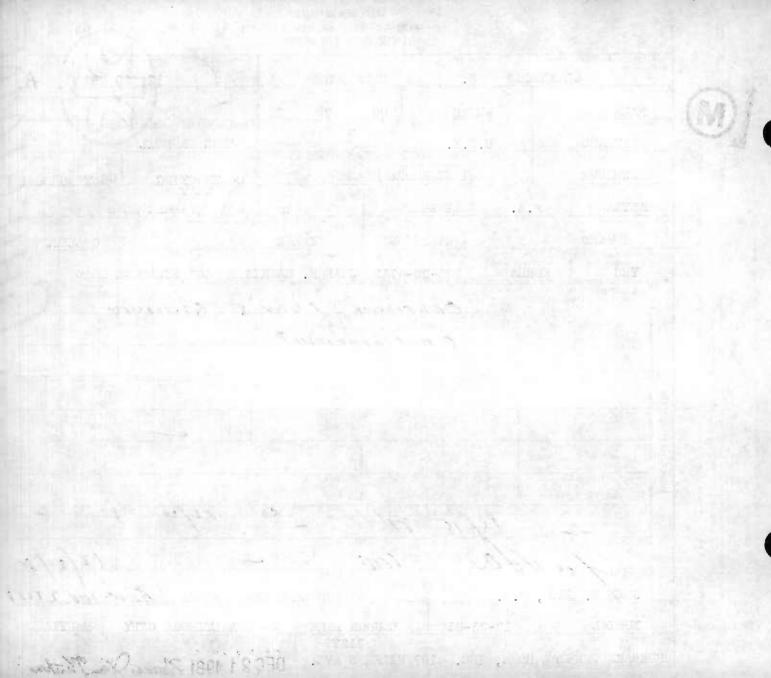
BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic should be detoched for use as the burial-transit permit. Then please remove coth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

> 24 FUNERAL DIRECTOR 21229 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

354 DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE

DEC 21 1981 Theres Van Withen:



CARROLL ... 12/24/81 Holy Cock C

7	*	STATE OF MARYLAND 1 - STATE REGISTRAR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.								0 6	2 3
	9,0		CEASED NAME GERA	LD	Franci	s Hi	AYDEN	20 DATE OF DEATH	12 - 2		36 PM
		1.58	nale		ITE	OCI	F 12 - 1906	6. AGE (IN YEARS LAST BI	YRS	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN
	to 777 of 1	u	JASH. DC.	Am	REICO	WIDOWE		Pana P	of S	FUUE,	ARUNDER
201	# # # # # # # # # # # # # # # # # # #	A	nnapolis	Anna	N SUCH FACILITY, GIVE STREE	Cener	ROTHER INSTITUTION	THE OF WORK FOR MOST C	ION OF WORKING LIFE) 4 WING	INDUSTRY	ANER.
LAND 21	or 24 ha	12a	MD A	A .	13c PTY OR TOV	BLIS	136 INSIDE CITY LIMITS? YES X NO [130. STREET ADDRESS	MERI	CAN	A DR.
, MARY	complete ond 2	J	ERDIN AND	MIDDLE	4AYDEN	/	15. MOTHER'S MAIDEN NAM	MIDDLE	26 51	RALI	
TIMORE	on and or s. Pages	160	VAS DECEASED EVER IN U.S. AF	MED FORCE	214-03-8	URITY NO.	MARY B	HAYDEN GO	EN BUX	4GLE	MD 2106
ST., BAL	g physici on poper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse ED BY TE C AUSE 10	MVI	nd (ct.)	META PLAS	A			ONICY BY
ESTON	death ce ottending ove carb ition, ar r		2898 Conditions, if any, which	DUE TO	O, OR AS A CONSEQU	ENCE OF					
W. PR	that the day the ease remote of, cremoter trees.		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO	D, OR AS A CONSEQU	ENCE OF					
ORDS, 20	requires en signed Then pla or to buri	NOIL	PART 2 OTHER SIGNIFICANT	CONDITION	is <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
AL RECO	The law ion.	CERTIFICATION	190 DATE OF OPERATION	19b CC	ONDITION FOR WHICE	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
FVI	physic physic front front of Hyg	L CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1100110	AE OF INJURY R. A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	

TO FUNERAL DIRECTOR. After this cert should be detached for use as the buriol with the Stote Dept. of Health and Ment IMPORTANT. If them 21 is marked or then TO HOSPITAL OR ATTENDING PHYSIC retained by the hospital or attending BP. DHMH - 16 50M 1/B1

(VRA 15, 4)

MEDICA

230. BURIAL, CREMATION, REMOVAL

77h SIGNATURE

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

27d PHYSICIAN'S NAME ITWEOFFERING

220.1 certify that (1) (this haspital) attended the declased from sow the deceased glive on 122 above (1) (we) (did (did not) view the body after death.

P.M.

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

12

211 LOCATION

and that in (my) (our

22e ADDRESS

ATTENDING

PHYSICIAN

DIRECTOR PHYSICIAN

MEDICAL

CITY OR TOWN

STAFF

pinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

COUNTY

STATE

LICERALD FOR CHAYDEN STEELS IN STEELS AND ST Share college three Board Start Lines day (continue Connection) MD AFF PENDENDER 620 HEROLANDE FRANCISCO FOR TOUR FITZ REFERENCE what I had a feel to be the property of the state of the EXECUTE TO THE PROPERTY OF THE PARTY OF THE BURNIES 145/81 GOOD HAVER GOD GOOD DIEME AH ATO John St. Taylor See Harriston All Mills Lot Lot All Land

ST	A	ΓE	OF	MA	RYL	AND	
	_						

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23		* 9	13		
3		0	U	0	die
	REG. NO.				

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 1 3 0 5 2 4								
1		EASED NAME FIRST	MIDDLE		NAST			DAY YEAR	26. HOUR		
-	{TYPE	ORPRINT) Elsi	E. II	ETT.M.	A TAT	December	. 3	1981	0830aM		
Ì	3. SE)		4. RACE	S. DATE	OF BIRTH 1907	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
ı	f	emale	cauc. Sep			XX 24	YRS	MONTHS DAYS	HOURS MIN.		
į	7a. 811	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.		9. BALTIMORE CITY O		OF DEATH			
0	ÇC	Marvland	USA	WIDOW	D NEVER MARRIED L	Anne Ari	inda 1		MD		
t	10. CI		11. NAME OF HOSPITAL, NURSI	NG HOME		12a. USUAL OCCUPATI	ON		OF BUSINESS OR		
)	A	nnapolis	(# NOT IN SUCH FACILITY, GIVE STREE Annapolis Nur		Home	Caferter			Emv		
1	JJSU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION					TALLIN A		
4		MarylandAnae		poli	130. INSIDE CITY LIMITS?	130. STREET ADDRESS	iran	S+			
	14. FA	THER'S NAME		POLL	15. MOTHER'S MAIDEN NAM	ME					
	low	ard B. Shipley	MIDDLE LAST		Bertha	Luetner		LAS	ST		
t	16a W	AS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT	ADDRE	SS				
	(1	es, no or unknown) (IF yes, give	213-16-2	902	Joan Dennis,	1103 Jenni	per I				
I		18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), a	nd (c).)	MINNESTED IN		1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
1		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preumonitis———————————————————————————————————							avs_		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF	farct (right infarction	A TOMBO	ia)	seve	en year		
١	6	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b)									
	O										
7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			OF DEATH?		
	RT	N/A 21a. ACCIDENT WAS UNDERLYING	N/A 1 216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO.		S .	NO 🗌		
1	-	OR CONTRIBUTING CAUSE OF DEA	ART I ORPARI 2)								
1	WEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION	CITY OR TOV	VN	COUNTY	STATE		
1	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	JINCE!	CITOKIOV		COUNT	317/16		
١		22a.1 certify that (1) (this haspital) attended the deceased from Sept 5									
1		sow the deceased alive an DEC 2, 19 81 , and that in (my) (our) opinion death occurred on the date and hour and above, (I) (48) (did) (did 36 wiew the body after death.									
١	n	226. SIGNATURE	22c. DATE	SIGNED							
		Charles 1	W. Kinzer		ATTENDING PHYSICIAN (5	MEDICAL STATE		Dec	3,1981		
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS									
		Charles W.	Kinzer, M. D		16 Murray A		olis	. Md.	21401		
	23a. B	URIAL, CREMATION, REMOVAL			cemetery or crematory	23d. LOCATION SITY OF TOWN PEN TWO	d, Md	COUNTY	STATE		

DHMH - 16 25M

BP.

(VR A 15 (4)) 9/74

MPORTANT: If Item 24 is morked or Item 18 shows any injury, or other troumotic event, the medical examines must be notified of one TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24. FUNERAL DIRECTOR Williams Com-BealT Funeral Home, 1212 West St.,

Annp., Md.

25 DEC 4 1981 Fances Signature

the many of the first of the same of regions sideos las reduine in brance gir-ne-tend to the series and series and 1. 4 , cowderst a eterna eformit . 21 18-1-81 and bell wined lose, 1912 lose to, and, d. DEC 4 1931 If the Company

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) Charles EDWARD Henneman DEATH MATED 19 81 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED male white 15 1928 Feb DEAD 19 87 IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Anne Arundel County Maryland X DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING (IFE)
Forklift Operator OR INDUSTRY North Arundel Hospital Glen Burnie Brewery USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e_STREET_ADDRESS 8202 Ft. Smallwood Rd. Md. A.A. Co. Pasadena 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Isabelle Henneman Cocoran 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS Blvd. DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Yes 5368 Edward N. Henneman 518Balto Annap. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease MENTAL HYGIEN N, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last SED AS A BURIA HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 190. DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIGR TO BURIAL, YES XX NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME NOT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy deoth resulted fram Accident Undetermined manner TITLE (SPECIFY 12/6/81 ACTUAL SIGNATURE EXAMINER'S NAME R. GUARD, M.D. 111 PENN STREET, BALTIMORE, MD 21201 (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland Baltimore National Burial BP 24. FUNERAL DIRECTOR Md. **DHMH-17** George J. Gonce 4001 Ritchie Hgwy (VR A15 ME (5)

15M 2/80

THEOREM SINESELL . THE STREET

F-214 22 5368 Hidward M. Lamesan St. Balto Annan

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12		1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	0 6 2 5
may be	r deorh		CEASED NAME FIRST CAPPINITY CAPPINITY FOR A RACE A RACE S. DATE OF BIRTH 120 DATE OF DEATH MONTH DATE OF BIRTH 16. AGE (IN YEARS LAST BIRTHDAY)	Y YEAR 26. HOUR M F UNDER 1 YEAR IF UNDER 24 HRS
4	M		Female White Dec. 3. 1900 81 YRS.	ONTHS DAYS HOURS MIN.
eath. Pag			IRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED 1	OF DEATH
201 irs after d	53	10 0	11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORK (OG LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 21	35	13a S	AL RESIDENCE IN HURSING HOME OF OTHER POTITUTION GIVE RESIDENCE REPORT ADMINISTRAM 136 STREET ADDRESS RAMS	SGATE DR.
MARYLAND 2120	122	武	TOHOS FERNICK KASING CERTA MIDDLE GROSS	SENBACHER
BALTIMORE,	Poges medical		VAS DECEASED EVER IN U.S. ARMED FORCES? VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS FENELUE PICHARDS F	ŧ 13
201 W. PRESTON ST., BALI	ase remave of the company of the com		18 CAUSE OF DEATH (Enter only one cause per live for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. 3 3 2 MMEDIATE CAUSE (a) K CONSEQUENCE OF, Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Then p	NOI	Part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition give	N IN PART 1(a)
AL RECO	ows of	TIFICAT	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, IN CERTIFY YES \(\sum \) NO \(\sum \) YES	WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir	Mental Hygiene	CAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	T 1 OR PART 2)
NVISION		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK CITY OF FIGURE AT WORK CITY OF TOWN 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
TENDII	of Healt		270 I certify that (I) (This hospital) attended the deceased from	9, that (I) (Ne) last and from the couses stated
At Oe ,	dertoched one Dept		DEGREE ATTENDING MEDICIAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	17 Sleet
HOSPI	Pounds be offer the Si		JON B HOWE TOWEST ST. HOWAR	ohis MD.

23a BURIAL, CREMATION, REMOVAL 23b. DAT 139 NAME OF CEMETERY OR CREMATORY BAW! BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VRA 15 (4))

DHMH - 16 50M 7/77

ELVING ESCHELLS Sunceptill Engine Francis Comment - Sense of Estates and AND DECLINATION OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filed within 77 hand the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

STATE OF MARYLAND

-	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. N	3 0	0 2	1
		CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH		YEAR 25 HOUR	
Ü.	CIYPE	Ephrui Ephrui	7	Hala	sworth		12/27/5	31 5:13	
l	3. SE	x	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE			
r	18	Male	White	MON	. / /	7.	3 YRS. MONTHS	DAYS HOURS	MIN.
		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY		TH	
ò	S	Et. Louis Mo.	USA	MARRI		Anne Ann	ndel Coun	4	MD.
-	10_CI	ITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	10N 12b. K	IND OF BUSINES	
2	An	mapolis	Anne Arun		al Hospital	Painting &		ildina	
P	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS		o car creg	
1	М	d. A.		uo	YES NO		and Ave. 1	Beverlu	Bch.
A	14. FA	THER'S NAME	WIDDLE	IAST	15. MOTHER'S MAIDEN NAM	ME			
	1	Miles	Holdsu	orth	Annie	MIDDLE	Sir	npscn	
			MED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT	ADDR			1000
		No		7-30-9356	Marion Hold	dsworth	13e		
1		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nty one couse per men	r to the orgine	11-		BE	APPROXIMATE INTERV	Al GATH
			TE CAUSE (a)	drations	Venia		I	1 Week	
		3320	DUE TO, OR AS A	GONSEQUENCE OF	0.				
		Conditions, if any, which	(b) Fau	Kinson's	Discese		19	lars	
	Y	cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
			(c)						
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(o	
5	CERTIFICATION	19a DATE OF OPERATION	LOT COMPLIANT	FOR WHICH OPERATION	211111111111111111111111111111111111111		Tank IS USA		
1	FIC/	ING. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH	1?
	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	DV.	121, HOW INTURY OCCUPE	YES NO	YES [NO [
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A		21c HOW INJURY OCCURR	CED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PI	ART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJ	19	AN LOCATION				
	ME	WHILE NOT WHILE		TORY OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TO	OWN COUN	NTY STA	TE ST
	- 1	AT WORK	and the same	7	1	Vizza.	-		
		220. I certify that (I) (the hospi saw the deceased alive an	12/22	10 1	and that in (my) (****) opinian o	death accurred as the d	19	, that (I) (we	*
	11	abave (II (we) (did) (did) 1	t) view the bady ofter o	leath.	DEGREE	Seath occurred on the d			30
		V- to Files	ha.	14.10	ATTENDING	MEDICAL STA	FF /	DATE SIGNED	,
-		224 PHYSICIAN'S NAME (TWEE	R PRINT)	ML	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	CIAN []	-/X3/J	
		PETED F Van	to.		1/ 00:1	A 4	6.00 h	121112	
-	230 0	URIAL, CREMATION, REMOVAL	23b. DATE	122, NAME OF	1419 I Drest	12 10cariona	DUILD, IDE	1, 21403	
	(1	SPECIFY)			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STA	TE.
		Burial	12-26-81	Cedar	Hill	Suitlan	d PG	Md.	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

etained by the haspital or attending physician.

Hardestu

NAME

ADDRESS

DEC 24 1981

S SIGNATURE

Sommer Lugar Marine DEC 24 BH 575 030

-				STATE OF MARYLAND	#* 3	
	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	50020
ре ф ре		CEASED NAME FIRST OR PRINT)	n Riddle	40 Khaws	2e. DATE OF DEATH	12 2 81 PA
de 4 moy	3 SE)		RACE (1)H:+E-	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
north. Pog		RTHPLACE STATE OR FOREIGN DUNTRY)	L S A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	
ofter de fur him he fur			11. NAME OF HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION	USUAL OCCUPATION	126. KIND OF BUSINESS OR
24 hours	USU	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		N Die INSIGE CITY LIMITS?	1373790	mus St.
mpletely fond 2 sho	101	THER'S NAME	District Land	IS MOTHER'S MAIDEN NA	ME "OUT	BUND TAN
ond can pages 1 o	160. V	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	AED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	F HOLLA	# 13
ificate be obysicion ipopers.I noval.	1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED		dien tral He	and Fer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending e carbor on, ar rer		5829	DUE TO, OR AS A CONSEQUE	NCE OF 1 TOUR	hu kis	
by the ot se remay crematic		Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
equires the signed Then plect to buriol nijury, ar	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 14
ne low re hos beer permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The physicic physicic certificate certificate entol Hygic from 18 short from 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
G PHYSIC partending er this ce the buring and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	2H. LOCATION	CITY OR TOW	N COUNTY STATE
ital or c TOR: After or use os or use os if Heolth		22a. I certify that (I) (this hospit sow the deceased alive on.	1717 194	, ond that in (my) (our) apinion	deoth occurred on the do	te and hour and from the causes stated
the hosp the hosp I DIRECT stoched to the Dept. of them 2.		obove, (I) (we) (did) (did not 22b signature	Wiew the body affer death.	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAF	
TO HOSPITA retoined by TO FUNERA should be de with the Stat IMPORTANT		22d. PHYSICIAN'S NAME (TYPE OR	FIXLAWA	N3 3150 U	THEATE	FAV
BP	230. E	BURIAL, CREMATION, REMOVAL	236 DATE /2 /2 23ch	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	SUL 2 COUNTAD STATE
0HMH - 16 50M 7/77 (VR A 15 (4))	4	JEL AL DIRECTOR	ADDRESS			SI REGISTRAR'S SIGNATURE

DAGNAR SURFIELD TO THE WARREN The Total Control of the Control of Western Colonia Chara Mark Es Estated CI TO GUARRIE GLORIS DE SES DE TRE LE COMPETE CONTRE LE websit to a state of the first freshow and the man they bear bear Book of the town of the street of the 18/2/CL - Carried Carried Carried Contraction of the Contraction of th MANALCE EXERMANT FLORUTHERS ESTEST THE STATE CHANGE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by this should be detached for use as the burial-transit permit. Then please remarve carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

0 3

	REGISTRAR			CERTII	ICAIL OI DEATH	REG. N	O		EST
	CEASED NAME	FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		MARY	Caz	herine	HOLT	DECEMBER	8, 19	81	7:30 F
3. SE	X	4	RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IE UNDER 24 HRS
	Female		White	May	1 9. 1898	8	YRS.	MONTHS DAYS	HOURS MIN.
	INTERPLACE I STATE OR F	OREIGN 71	CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	2 - X 3 1
	Mde	A. I	U.S.A.	WIDOWE	^	ANNE ARUNI	DEL CO	UNTY	M
0 C	ITY OR TOWN OF DEA	TH 1	 NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 		PROTHER INSTITUTION	120 USUAL OCCUPATE			OF BUSINESS OF
	GLEN BURNI		NORTH ARU	NDEL HOSPI	TAL	Homemake		Home	
30 :	STALE	136 COUNT	THER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e_STREET_ADDRESS			
		Anne t	Trundel Pas	adena	YES NO X	815 Swift	Rd. 2	1122	
4 F/	ATHER'S NAME	AAI	DD18	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE		LAS	ST
	John		W. M	oore		Unknown			
-	WAS DECEASED EVER		ED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	SS		
1	Vo		- 220-	05-8530 B	Annold W. H.	olt same o	us 13		
	18 CAUSE OF DEATH PART I. DEATH W.	H (Enter only	one couse per line for (a), (b), and (c),	1			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W	IMMEDIATE		62910 8	esp184 to.	m arres	+		
	4073	5	DUE TO, OR AS A C	ONSFOLIENCE OF		-1-			
	Conditions, if any,	which	(b)	5	ephe YY	no cle		1.34	
	gave rise to imm		DUE TO, OR AS A C	ONICE OF INCH OF				1	
	underlying couse	last.	(6)	ONSECRETALE OF					
	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 10	0,
CERTIFICATION	Section 1								
CAT	190 DATE OF OPERAT	ION	196 CONDITION FO	R WHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
TIE						YES NO	YES	ING CAUSES	NO [
A	21a. ACCIDENT WAS UND		216. TIME OF INJURY	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	RT 1 OR PART 2)	
AL	OR CONTRIBUTING C		P.M.	19					
MEDICAL	21d. INJURY OCCURR		21e. PLACE OF INJUR	RY	211. LOCATION			COUNTY	
X	WHILE NOT WHE	ILE	(AT HOME, STREET, FACTO	RY, OFEICE, FARM ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
) attended the deceas	ed from	. 19	, to	1	9	that (1) (we) las
	saw the decease	d olive on	view the bady after dec		d that in (my) (our) opinion	death accurred on the de	ate and hour		
	226. SIGNATURE	ia) (ala not)	view the body offer dec		DEGREE			22c. DATE	SIGNED
	184			-el	ATTENDING ,	MEDICAL STAI	F	121	9/81
	22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)			BALTIMORE-AN		TS ROLL	EVARD
	BASANT	K. KHA	NDET.WAT.		1 205 2	BURNIE, MAR			TH A WITH
23n I	BURIAL, CREMATION, F		23b. DATE	1234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	TE THE TIME	21001	
	(SPECIEY) Buria		12/12/1981	P 1 11	44	_CITY OR TOWN		COUNTY	STATE
	unuu		16/16/1907	1 41en 11a	ven Mem. Pani	6 Glan Bus	and a d	4	1 1

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR

FOR STATE

ectar, page 3

12/12/1981

Glen Haven Men.

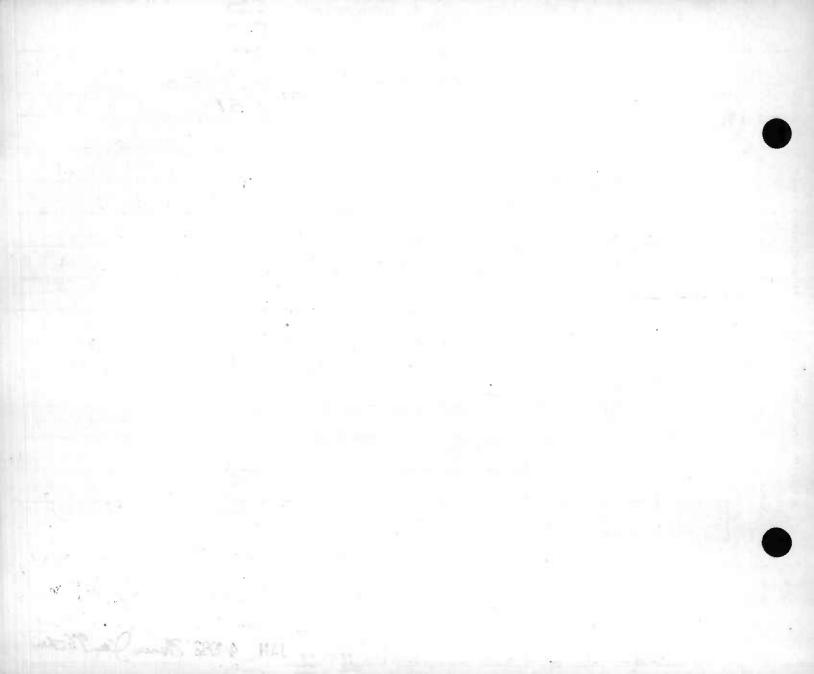
ADDRESS Pasadena, Md. b. Nach Rds. 21122 H. Mountain

Park Glen Burnie Anne Arundel
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE TO THE PARTY OF THE PARTY

			3.	Jan Al			
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State	ne l'action						
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	I	tem 5 and 6 G	563 1/7/82 GA	B STAT	E OF MARYLAND	Ch I	109	0	-,
70	1.	STATE REGISTRAR			ICATE OF DEATH	REG. P	ال ا	UO	5 (
n# /		CEASED NAME FIRST OR PRINT)	MIDDLE	.) .	AST	20 DATE OF DEATH	MONTH DAY		. HOUR
moy be		FOSTE		HO	11/12	Dec		781.	3 PN
9e 4 m	3 SE	M	1 RACE	S. DATE C	DAY THE	AGE (IN YEARS LAST BE	67 YRS. MONTH	S DAYS H	OURS MIN
	7a. 8	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	NEVER MARRIED	Anne A	or county of t)	MD
s ofter d by markfilled	I N	mapolis	11. NAME OF HOSPITAL,	IVE STREET ADDRESS	or other institution	12a USUAL OCCUPA TYPE OF WORK FOR MOST Spec C	OF WORKING LIFE) IN	KIND OF B	SUSINESS OR
24 hour filled in ould be	USU	AL RESIDENCE (IF NUISING HOME OF	NTY A 13c CITY		134. INSIDE CITY LIMITS?	13. STREET ABORESS	. /	- Ba.	
ompletely and 2 sh	14. FA	THER'S NAME	WIDDLE	AST DUDON	15 MOTHER'S MAIDEN NA Nannie	AME	F	oste	
e execution and co	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCI	AL SECURITY NO	17 INFORMANT	sward 30	2 1	enterf	3 .
g physician onpapers. F emaval.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D BY	1, (b), and ig!	anchem The	1	-	-	TE INTERVAL BET AND DEATH
		4100	DUE TO, OR AS A CO	NSEQUENCE OF	odial I	nfarctio	1.	71	
equires that the death ce is signed by the attending. Then please remove corb to burial, cremation, or to injury, or ather traumotic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF NEW 12	of Ther	osclerosi	S	Yrs.	
equires the signed Then plect to burial injury, or	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	IDITION GIVEN IN	PART I(a)	
on. has been to permit the permit owe perior of the period of the	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
PHYSICIAN: The landing physician. This certificate has the burial-transit per land Mental Hygiene do mental Hygiene dor frem 18 shows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		ITH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN)	JRY IN ITEM 18, PART 1 C	PART 2)	
4 2 4 5 5 6 7	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	City OR TO	wn co	YINUC	STATE
TENDING or off		22a. I certify that (I) (this hosp	at) yiew the body after deat		nd that in (my) Dour) opinian	death accurred on the	late and haur and	from the cau	(1) (we) last
TAL OF ATTEN y the hospital AL DIRECTOR: detached for us ore Dept of He IT: if them 21 is		22b. SIGNATURE	or) yiew the bady after deat		DEGREE ATTENDING	MEDICAL ST	FF	22c. DATE SIG	NED P
HOSPI Ined b FUNE VId be h the SI		22d. PHYSICIAN'S NAME TYPE O	DEPRINTI N. Fneu	1	22e ADDRESS	and Han	Assem	die	ser!
Of Off WAR	23a. E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236 LOCATION	anny	VV	17 70 /
BP	C	RETMATION	12-28-81	GodarH	ill Cometan	Sulla	of RO	5e0.	md.
DHMH-16 20M (VRA 15, 4) 7/7B	24 FL	INERAL DIRECTOR	a Dono ADI	Chest	er Md. JA		25b REGISTR R	SIGNA	eithen



MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

					STAT	E OF MARYLAND				
1.	FOR STATE			DEPART	THE IT OF H	EALTH AND MENTAL HYG	IENE B		3 0 6	3 1
	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		EST
	CEASED NAME	FIRST	MID	DLE	l	AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
(I T PE		EO	CC	SMAS	HU	BBARD, JR.	DECEMBE	R 9,	1981	11:30
SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
	male	51	whi	te	Oct	26, 1924 YEAR	57	YRS	MONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF FO	REIGN	76 CITIZEN OF WE	HAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CIT	OR COUNT	Y OF DEATH	
M	aryland		U.S.A.		WIDOWE	9.5	ANNE ART	JNDEL	COUNT	Y M
0 CI	TY OR TOWN OF DEAT	Н		SPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND C	OF BUSINESS OF
GL	EN BURNIE	264				SPITAL	(TYPE OF WORK FOR MO	STOP WORKING	West	inghous
13a S	AL RESIDENCE (IF NURSING	G HOME OF	OTHER INSTITUTION GIV			13d. INSIDE CITY LIMITS?	13. STREET ADDRES	S		
Ma	ryland	Inne	Arundel	Glenbur	rnie	YES NO	202 TA	rain C	t Apts	
	THER'S NAME		MIDDLE	LAST	31 II	15 MOTHER'S MAIDEN NA	ME MIDDLE		LA.	6.7
	LeoC. Hubbs	ard S	Sr.			Mary E	Carr		1.0	31
160 V	VAS DECEASED EVER IN			66 SOCIAL SEC		17. INFORMANT		DRESS		
,	Yesor unknown)	(IF YES W	51	9 16 45	523	Mr Roland Col	Le 2799 S	t John	s Lane	21043
	18 CAUSE OF DEATH	Enter or	nly one couse per In	ne lor ioi, (bin	ind icid		4	1	APPROX	ONSET AND DEATH
	PART I. DEATH WA	SCAUSE	D BY:	11/1	50 4	rung Er	uolas	ton		OTENT ALSO DEATH.
	1629"	MMEDIA		50	1	0	00000	Cor W		
	Conditions, if any,	uhiak	DUE TO, OR A	AS A CONSEQU	NCE OF					
	gave rise to imme	diote	100							
	underlying couse	lost	DUE TO, OR A	as a conseou	UENCE OF					
	PART 2 OTHER SIGNIE	a A	(c)	ITDIDITING TO	DE ATH BUT	NOT DELIVED TO TAKE TERM	D. L. C.			
N	Moren (Pa	sor har	200 6	O. A.A.	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	ON	19b. CONDITIO	ON FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b. IF YE	ES, WERE FINDI	NGS LISED
IFIC								INCERT	IFYING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UNDER	RLYING [7 216 TIME OF II	NJURY		21c HOW INJURY OCCUR			ES D	NO [
	OR CONTRIBUTING _ CA		NID .	MONTH [TENTEN MAIONE OF A	12007 11471271 10	TART FOR FART 27	
MEDICAL	(IF EITHER NOTIFY MEDICAL		P.M. 21e. PLACE OF		19	211 LOCATION				
ME	WHILE NOT WHILE AT WORK			T, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OF	NWOT	COUNTY	STATE
						70	7	20	81	
	22a.l certify that (1) (t	-	tol) offended they	Ved 19	V	nd that in (my) (our) opinion	death accurred on the	data and ha		that (I) (we) los
	226. SIGNATURE	i plat Ao	t) view the body of	ter deoth.			Jeon occorred on me	dore ona no		
	228. SIGNATURE	U	An	lines	1111	DEGREE		TAFF	22c. DATE	9 507
	22d PHYSICIAN'S NAM	AE ITYPE C	OR PRINT)	WWW	Eur	PHYSICIAN 2220 ADDRESS	DIRECTOR PHY	SICIAN		21061
	CENAP S.	DO	RKAN, M	.D.		7845 OAKWO	D RD., GI	LEN B	URNIE,	MARYLA
23o. 8	URIAL, CREMATION, RE	MOVAL	236 DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial		Dec 12,	1981	St A	ugustines	CITY OR TOWN	idge .	Howard	, Maryla

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

HArry H Witzke 4112 Columbia Rd EllicottCity

Elkridge, Howard, M.
Date rec'd. By registrar 23 A Gistrar 3 GNAP ...
DEC 10 1981

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And the property of the control of t

Curried October 1981 St Augmetices Diriting, Lowerly Manylone

Educy H Witzen Will Columbia In Milosopolicy

may be

	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	3 0	6	3 2
	EASED NAME	FIRST	/	AIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Cecil	2563		N.	F	Hunter	December	1, 1983	1	2 а.м.
3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND		IF UNDER 24 HRS HOURS MIN.
	Male		Caucas	ian	Jan.	. 12, 1907	74	YRS	DATS	MIN.
CC	THPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	Anne Aru		EATH	MD.
P	y or town of DEA asadena		At ho	H FACILITY, GIVE STREET	ADDRESS)	PR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Electron	OF WORKING LIFE) INC		BUSINESS OR
130. ST M.	D	13b. COUP		GIVE RESIDENCE BEFORE 136. CITY OR TOW Pasade	'N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 206 Pine	wood Dr	ive	
14 FAT	HER'S NAME Unkn	own	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	known MIDDLE		LAST	
	AS DECEASED EVER S. NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	376-01-		Harry W. H	unter, Sa	me as l	3	
	PART I. DEATH W	'AS CAUSE	nly one couse per D BY: TE CAUSE (o)	line for (a), (b), and	d(c).)	Caritin	mator	3		NATE INTERVAL NSET AND DEATH
	Conditions, if only, gove rise to improve (a), statin underlying couse	nediate ig the	(b)	R AS A CONSEQUE	The	rigmoi	d color		9	mo-
	PART 2 OTHER SIGN	NIFICANT (CONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
CERTIFICATION	90 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING YES		
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)	
ME	WHILE NOT WHAT WORK	ILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21E LOCATION STREET	CITY OR TO	wn co	YINUC	STATE
	220 I certify that (I) saw the decease above, (I) (we) (c	ed alive an	12	29 19	8/, or	d that in (my) (our) apinion	death accurred on the de	ote and hour and f		not (I) (we) lost ouses stated
	226. SIGNATURE		2/1/			DEGREE		27	C DATE S	IGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SERGIO ALVAREZ, M.D. 300 Hospital Dr., Glen Burnie 73d. LOCATION CHY OR TOWN
ON Burnie
On Burnie 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial COUNTY

P

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

James

er traumatic event, the medical

MPORTANT: If Item 21 is marked ar Item 18 shaws

crematian, ar remaval.

S. Kirkley.

Dec 81

ADDRESS Glen Burnie,

BY REGISTRAR 256. REGISTRAR'S SIGNATUR 250. DATE REC'D.

months and a sinource ovins pecubal or amental a Fig. and party lightly to an analytic and of the devel daily is sail in it. Language, which are the second should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should the filling with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

1	FOR FOR STATE REGISTRAR)		DEPARTA		HEALTH AND MENTAL HY	GIENE 8 REG. N	3	0 0	3 3 E.S.T.
	CEASED NAME	FIRST		MIDDLE	0+4-1	LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
1	E OK PRINT)	ERNES	ST A	LBERT	HYSO	ON. SR.	DECEM	3ER 01	. 1981	7:15 A
3. SE	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	Male		Caucas	sian	Mar		60	YRS	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	MD		USA		WIDOW		ANNE ARUNI	DEL CO	UNIY	MD
	ITY OR TOWN OF DE	ATH		CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE	INDUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION		OSPI	IAL	Crane Op	eracc)ħ,	
130.	MD STATE	USA	1TY	13c. CITY OR TOW					Apt 20 Cour	
14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			
	Harry Hy	son				Olivia	Model		McKel	din
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
,	YES NO OR UNKNOWN)	WW	II	214-16-	3191	Blanche H	Hyson, Sam	e as	13	
	Conditions, if any gove rise to im couse (a), stati underlying couse	mediate ng the	(b) <	R AS A CONSEQUE R AS A CONSEQUE	= C/	ARDIO M	VO PATI	fy		
CERTIFICATION	PART 2 OTHER SIG	SETE	MET!	itus A	ATE	NOT RELATED TO THE TERM LIOSCIENCE N WAS PERFORMED	200 AUTOPSY?	VASC.	WERE FINDING CAUSES	DI SEASO
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF OEA		OF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET	CITY OR TO	WN H	county me	STATE
i i	220.1 certify that (I sow the decease above, (I) (we) (ed olive on	11/2/	19	7 . 01	nd that in (my) (our) opinion	death occurred on the do			that (I) (we) lost couses stated
	22b. SIGNATURE	2de	lude	luur		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		17L DATE	1/81
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e. ADDRESS 1101	PATAPSCO A	VENUE	- (
	MOHAMMA	D KHOT	DABANDEL	OU. M.D.		DATT	TMODE MADY	AND	21225	

234 NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.Pk

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

Glen Burnie Kirkley, MD James

Dec

1981

236. DATE

nie AA
REGISTRAR'S SIGNATURE

23d. LOCATION
CITY OR TOWN
Glen Burnie

STATE

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Crimpa O agento	DALLoset, Decodestrate		resta resta
237 Suttending County	Olen Servis	180	
minter out	ivito	10.8	
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123 / 1/2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	CHROLPES PARETY		
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	nt is proteculation		.C
PATERNO WELLS		anner or	

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/		STATE REGISTRAR		DICAL EXAMINE			2-4		3 0	0 3	de
0		CEASED NAME FIRST	7412.	MIOOLE	IN J C	LAST		REG. NO		OAY YEAR	2b. HOUR
2 . S . 2		PE OR PRINT)	1		To	06	OI OI	ESTI-		-1 -1	ZB. HOUR
	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEAR	RS IF UNI	450		ATE		DAY YEAR	2d. HOUR
77		Male whit	e May 3,	1910 71 YES			MIN. PRONC	UNCED	12	21981	
1	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WI		R		9. BAL	IMORE CITY C	R COUNTY	17	M
11		PREIGN COUNTRY)	4.5.	4.	WIDOWI			ve ARU	WOFI	Court	9
-1	10. C			PITAL, NURSING HOME,			120. USUAL OC	CUPATION (TYPE		. KIND OF BUS	MD.
4	1	LEN BURNIE	Non I'h	Proude i	Ho:	1:122	FOR MOST OF V			OR INDUSTR	
- 11	SU/	AL RESIDENCE (IF IN NURSING HONTATE 136, COL	E OR OTHER INSTITUTION, GIVEN TO	E RESIDENCE BEFORE ADMISSION		13d. INSIDE CITY LIMITS?		14 14 14	-		7
5			e Arundel	Pasadena		YES NO Z	13e. STREET ADI	Hilltop	Rdo	211	22
	14. F/	ATHER'S NAME	MIGOLE	LAST		15. MOTHER'S MAIDE		WIOGIE		LAST	
40		Unknown		- CA31		Unt	known.	MIOUIE		LASI	
1	16a. V	VAS DECEASED EVER IN U.S. A ES, NO. OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SECURITY		17. INFORMANT		ADDRESS			
4		ES. MO. OR UNKNOWN) (IF YES. G	VE WAR OR GATES)	216-14-08	78	(atherine	Jacob	Same	as #1	3	
		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly one couse perstine	for (o), (b), ond (c).)		- 11 1				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
			ATE CAUSE (a)	serve repe	25	I. fleel				Luce	~
OR REMOVAL.		Conditions, if any, whi	DUE TO, OR	AS A CONSEQUENCE O	F						
2		gove rise to immedia	te (b)								
		lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF	F						
1			(c)								
	NO	PART 2 OTNER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	IAL OISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a).				
7	ATIC	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WA	AS PERFORMED?		7		20. AUTOPSY?	
1	IFIC									YES 🗆	NO
5	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF	F INJURY IN ITEM 18 F	PART 1 OR PART 2		
)	CAL	UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY TEAR							
	EDI	21d. INJURY OCCURRED	21e. PLACE C		21f. LOC	ATION		10000			
	2	WHILE AT WORK	D SINCE!, PACI	zer, rzem, ETC.)	31	NEC I	CITY OR	TOWN	COUNT		STATE
		22a. I certify that I taak cho	rae of the remains des	ribed above held as	Autops	y , Inspection	n . Inqu	iry . on	d in my opini	0.0	
			pral couses ,	Accident , Suic		Homicide .	Undetermined		a in my opini	JII	
		all	3	, 5010	, Lac	TITLE (SPECIFY)	Underermined	manner,			
		ACTUAL SIGNATURE	bardtins		M.I	Denut 4	MEDICAL EX	AMINED	DATE SIGNED_	12-2	-81
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6.	-	(TYPE OR PRINT)	INHARDI	- MID		DDRESS /	mape.	15, 2	1		
1	23o.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATION		COUNTY	671	TE
	13	Burial	12/5/1981	Glen Have	en Me		I ylen B	urnie,	Anne A	runde!	Mdo
- 1		UNERAL DIRECTOR	AGGRESS		21122	250. DATE	RECID. BY REGIST	RAR 256 REGI	STRAR'S SIG	NATUR	Lane
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7		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	eg .
3	1-	STATE AARDICAL EVALUATION CONTINUENCE CONT	0 3 3
#CESSART UNERAL DIRECTOR UNERAL DIRECTOR TOR YOUR PLIES WITHIN 27 HOURS PRESTON STREET,	7. DE (77)	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. AST	
D. 21201 TH. JE ANY DELAY IS N. 1. 2. AND 3 TO THE PI 2. AND 3 TO THE PI 3. SHOULD BE FRED. FAI PECCRES, 30 I W.	13n. 5		12b. KIND OF BUSINESS OR INDUSTRY
". BALTIMORE. N DURS AFTE DEA B. GNE PAGES TO PA	16a. Y	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	AFROXIMATE INJERVAL BEAVER ONSET AND DEATH
ULD BE EXECUTED WITHIN 24 HI PRESTON ST ULD BE EXECUTED WITHIN 24 HI PRODING. IN TEAM OF ALDING AS A BURRAL HANDER FERM HEALTH AND MENTAL HYGENIC CHEMATION, OR REMOVAL.	NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF Uping cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	June
DIVISION OF VITAL RETHER CERTIFICATE SHOULD WARTING THE WORD PEWARDED TO THE CHEET AND SHOULD BE USED THE DEPARTMENT OF HE 2017 PRIOR TO BURIAL, CRE	MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 217. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 219. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 199. COUNTRIBUTION OCCURRED LENTER NATURE OCCURRED LENTER N	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4: SHOULD THE FORM TO FUNERAL DIRECTOR: PARTIE DEATH: WITH THE 51. BATTIMORE, MARTIAND, 212.		22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from:) Notural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) MEDICAL EXAMINER SIGNED EXAMINER'S NAME	nion
BP	B	ADDRESS ADD	AMATURE
THE STREET		76	and deliberations

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16		FOR STATE			DEPARTMEN				11		3 0	0 3	6
		REGISTRAR	FIRST	WE	MIDDLE	AMINER'S	CERTIFIC	LAILOF		REG. NO.			
		CEASED NAME E OR PRINT)		/					2a. DATE OF	ESTI-	MONTH (DAY YEAR	26 HOUR
W PRESTON STREET,				NLEY	Α.	- Lis	MCKS			MATED 🗷	MONTH .	DAY YEAR	17 _M
	3 SEX	M	RACE	5. DATE OF BIRTH	YEAR LA	ST BIRTHDAY) MO	UNDER 1 YR.	IF UNDER 24	IN PRONOUN	NCED			2d. HOUR
	7. 01	RTHPLACE (STAT	w	76. CITIZEN OF W	O.6 1	5 YRS.			DEAD	ORE CITY OF	/2 COUNTY	7 19 8/	W
1	FO:	Illinoi	e OK	100	HAI COUNTRY?		RRIED NE			_	- ,	i n	111
_		TY OR TOWN OF		USA 11. NAME OF HO	CDITAL MUDGING		OWED THE	DIVORCED	a. USUAL OCCU	e ALUI		b. KIND OF BU	
	1	2 CONTOUR OF	DEATH	(IF NOT IN SUCH F	CHITY, GIVE STREET		THER INSTITU	IION III	FOR MOST OF WOR	RKING LIFE)	OF WORK	OR INDUST	RY
	LISLIA	I RESIDENCE (IE	IN NURSING HOME O	PROTHER INSTITUTION, G	INF DESIDENCE REFOR	EADMISSIONI	od		Plumbe	r		Self-H	mpy.
5	13a S	TATE	113h COUN	e A undel	13r CITY OR T	OWN	13d. INSIDE CI YES 🌃	NO 🔲	420 Para	dise R	d.		
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN	NAME	NIDDLE		LAST	
)		FIRST	Uhknown	1	rwo]			Unkn					
	16a. W	AS DECEASED E	VER IN U.S. AR	MED FORCES?		ECURITY NO.	17. INFORA	MANT		ADDRESS	G.	len Bui	rnie, M
		no, or unknown	IN IN	NAR OR DATES)	096-03	-8199	Stanl	ey G.	Jackson,	8210	Crab	Apple	Ct.
				ly ane cause per lin	e far (a), (b), and	(c).)			1			APPROXIMATE	E INTERVAL T AND DEATH
	137	PARTIDEAT	H WAS CAUSEI	1	toris	releva	les &	WI	5	81111		Didl	
-	13.0	429	12.	DUE TO, OI	R AS A CONSEO	JENCE OF							
KEMOVA	13		it any, which	(b)			TANK T						
10		cause (a) st lying cause	ating the under-	DUE TO, OI	R AS A CONSEO	JENCE OF	my -		1000				
		lying couse	TOST.	(c)							200		
	z	PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO	THE TERMINAL OF	ASE OR CONDITION	N GIVEN IN PART 1	(a).			neg'il	
	MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFOR	MED?				20. AUTOPSY	?
2	IFIC.	1131 44									-	YES 🗆	NO F
-	ERT	21a EXTERNAL	CAUSE WAS	21b. TIME C			HOW INJURY	OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2		
	ALC	UNDERLYING	OR CAUSE OF I		A. MONTH DAY								
	DIG	21d. INJURY OC		21e. PLACE	OF INJURY (AT	19 HOME, 21f.	LOCATION						
	W	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, ETC.)		STREET		CFTY OR TO	WN	COUNT	Y	STATE
		F-14						-	7				
				ge of the remains de			apsy L.,	Inspection	, Inquiry		l in my apini	an	
		death resulted	trom:	ral causes ,	Accident	, Suicide	, Hamid		Undetermined me	onner,			
		ACTUAL	8	1 . 7/	ml		TITLE (S	PECIFY)			DATE	12-7	-81
		SIGNATURE	Hunk	med 1			M.D.	10 4 9	_MEDICAL EXAM	AINER	SIGNED.	12-1	
2	_	EXAMINER'S N	AME FI	INH M	POT		ADDOCA	Mar	chol.	· Inus	Ma	0	
	730 B	(TYPE OR PRINT	-	3h DATE	1237 NA44	OF CEMETER	ADDRESS_	ORY	24. LOCATION	1	The s	,	===
	()	Grial	JIN, REMOVAL I	12-9-81	St.	Marys	or CREMATO	irch Ce		apolis.	Md COUNTY	S	TATE
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

ar offending physicio

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or other traumotic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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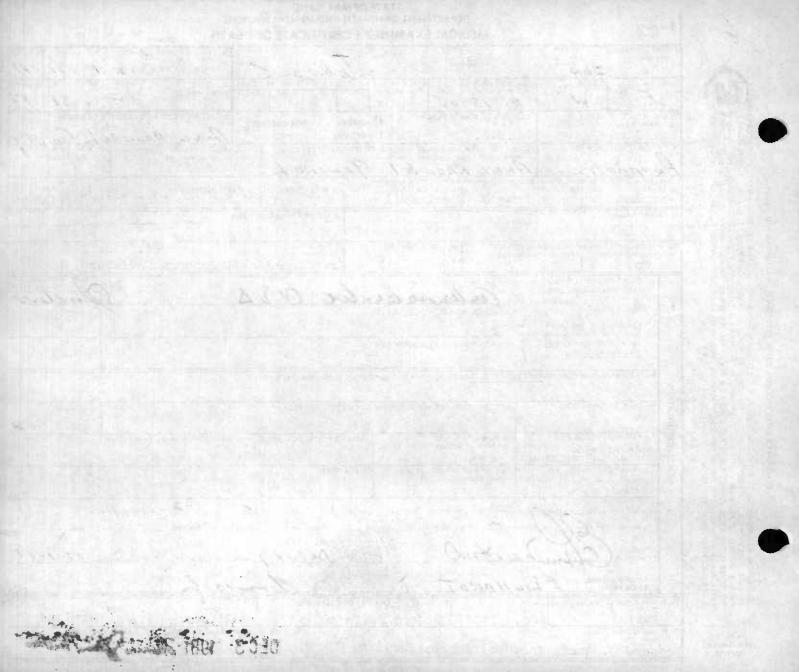
1	FOR STATE REGISTRAR			DEPARTM		ICATE OF DEATH		. NO.	3 0 E	S.T.
	CEASED NAME E OR PRINT)	CHARI		I.		OHNSON	DECEMBER		1981 YEAR	26 HOUR 11:22 P
. SE	X	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YE	
MA	LE	7. 9	NEG	RO	3ºNTH	31" 1919	62	YRS	MONTHS DAT	S HOURS MIN.
	RYLAND	FOREIGN 76		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY	OR COUN	TY OF DEATH	MD.
	EN BURNIE	ATH 11		ARUNDEL F		PROTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO			OF BUSINESS OR
130. M.A	AL RESIDENCE (IF NURS STATE RYLAND	13b. COUNTY	Υ	GIVE RESIDENCE BEFORE 131. CITY OR TOWN ODENTON	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRES	s ins /	Avenue	
1 F/	THER'S NAME CHARLE	es "E	E. JO	HIN S ON LAST		15. MOTHER'S MAIDEN NA			THO	MÄS
YH	VAS DECEASED EVER		ED FORCES?	218-01-7		17. INFORMANT EDMOND HARROT	1979 GOOD		Seabrookld.	ok, Md.
	Conditions, if any gove rise to imm couse (a), statist underlying couse	, which mediate ng the lost	DUE TO, OF (b) DUE TO, OF	ACHPONIC	CCE Bro	otic Heart onchitis d Pressure				
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	res, were fine	
	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OI HOUR A.A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCUR	HILE [21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (I) sow the decease above. (I) (we) (6 270. SIGNATURE 220. PHYSICIAN'S N.) HERBERT	ed olive ondid) (did not) v	uiew the body of	ofter death.		22e ADDRESS 1438]	MEDICAL ST	GHWAY	our and fram the	-, that (I) (we) fost the couses stated TE SIGNED
	BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d. LOCATION			STATE
BU	RIAL		1-6-1	982 St.	John	Church Ceme.	Oden town	n A . A	Man	wland STATE

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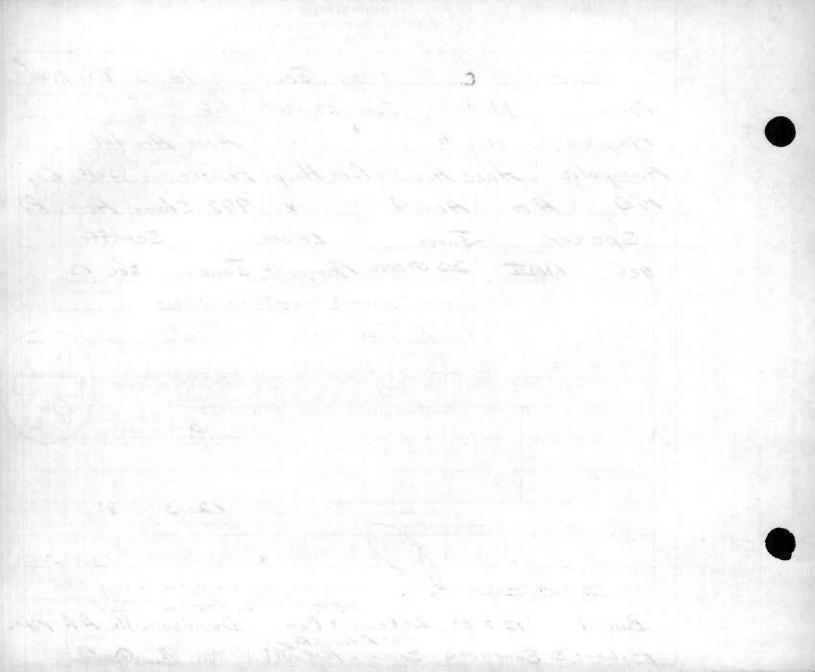
WILLIAM REESE & SONS MORTUARY P.A. 24. FUNERAL DIRECTOR

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1 1	FOR		DEE	STAT PARTMENT OF I	E OF MAR		VCIENE			
1-	STATE REGISTRAR			CAL EXAMIN			2-2	REG. NO.	0 0	3 8
	ECEASED NAME (PE OR PRINT)	Ida A	Ophelia	DDLE	Toh	N 50N	OF	KNOWN MESTI-		SI AM
3. SE		MONT	1 15 0	YEAR LAST BIRTHDA	Y) MONTHS D	YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUN DEAD	VCED .	DAY 194	YEAR 2d. HOUR
55 M	SIRTHPLACE (STATE OR OREIGN COUNTRY) aryland	U	S.A.	COUNTRY?	MARRIED WIDOWED	NEVER MARRI DIVORCI	D Ann	a ARUN		1H
33 10.00 2 105U 3 1 13a.	NMAPO /is	AA	NOT IN SUCH FACILITY	AL, NURSING HOME Y, GIVE STREET ADDRESS)	gen	ena L	FOR MOST OF WOR HOUSEWI	RKING LIFE)	ORK 12b. KIND C OR INC	OF BUSINESS DUSTRY
[13a.	AL RESIDENCE (IF IN NU STATE aryland	RSING MOME OR OTHER IN COUNTY Queen An	13	sidence BEFORE ADMISSIC L. CITY OR TOWN Levensvill	13d. l		13e. STREET ADDRE		Island E	Estates
	ATHER'S NAME FIRST John	MIDDLE		Bloss		AOTHER'S MAIDE	N NAME M	NDDLE	. Dixo	
2 160.	WAS DECEASED EVER YES, NO, OR UNKNOWN) NO	IN U.S. ARMED FO (IF YES, GIVE WAR OR D	DATES)	56. SOCIAL SECURITY 20-06-1617	130	Frankl.	in L. Joh		Box 398	
Z	Conditions, if a gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	any, which immediate the <u>under-</u>	(b) DUE TO, OR AS (c)	A CONSEQUENCE O)F	INDITION GIVEN IN PAI	Ţ 1 (a).			
MEDICAL CERTIFICATION	190. DATE OF OPERA	TION	198. CONDITION	N FOR WHICH OPER	ATION WAS PE	RFORMED?		B. F. L.	20. AUTO	
ALCERT	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	216. TIME OF INJ HOUR A.M. MI P.M.	ONTH DAY YEAR	21c. HOW IN	NJURY OCCURRE) (ENTER NATURE OF IN.	JURY IN ITEM 18 PART 1		
MEDICAL	21d. INJURY OCCUR		21e PLACE OF IP STREET, FACTORY,	NJURY (ATHOME, FARM, ETC.)	21f. LOCATION STREET	ÓN	CITY OR TO	wn	COUNTY	STATE
2 - 230.1	220 I certify that death resulted frag	Jour Cause Jun De A F. L. IV	HARD	ed abave, held an cident , Sui	M.DADDR		Undetermined mo	anner .	My apinian OATE IGNED COUNTY	3 -/- £/.
	Burial UNERAL DIRECTOR	Dec.	4,1981	Gardens o	of Fait.		Baltimo		Mary	land
	onard J. R	uck, Inc.	. Baltim	ore, Mary.	land	DI	03 198	11 Three		Lieb.



Emmett L. 10MES, dr. The Company I and the Thirty of the Thirty o Lament anna The Translater Crofter, 188 Fremont Court Cortalmologist Heritanne Haryland A.A. Crofton light Franch Court innett L. dures, Sr. Annie 00370 3 policie de la contractor de Seroka, M.E. a en accidente en carrer, Croston, Malpylant Carial 12/2/01 Fillerest Control Camberlant, Maryl ed seall one all home. 15080 :anapolis sc., sewie, dc.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction of directions of the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled within 72 hap with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

V.	FOR STATE REGISTRAR		DEPAR		IEALTH AND	MENTAL HYO DEATH	GIENE 8	3	0 0	4 2
	CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		ALFRED	MILTON		KAMOSA	Sr.	DECEMBER 2	5, 198	1 1	20 PM M
3 SE	Х	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI		FUNDER I YEAR	
	Male	1	White	Jur		1 91 7	64	YRS.	UNIHS DAYS	HOURS MIN.
-7a. B	RTHPLACE (STATE OF	FOREIGN 76 CITI	ZEN OF WHAT COUNTRY	Y? 8	NEVER	MARRIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
В	alto. Md		U.S.A.	WIDOWE		NORCED	ANNE ARUN	DEL CO	UNTY	MD
10. C	ITY OR TOWN OF DE		ME OF HOSPITAL, NURS	ET ADDRESSI		TITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
GI	LEN BURNIE	N	ORTH ARUNDE	L HOSP	ITAL		Master 1			
13a S	AL RESIDENCE (IF NUE	13b COUNTY A A	• GIO BU	ore admission) Who I'mie	13d. INSIDE (NO EX	13e. STREET ADDRESS			- Ising / a
14 FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER	S MAIDEN NA	ME			
	Frank	MIDDLE	Kamosa		M	arv	WIDDLE	Kwi=	tkosk	
	WAS DECEASED EVER	IN U.S. ARMED FO	RCES? 166 SOCIAL SEC	CURITY NO.	17 INFORM		ADDR		LKUSI	LA.
	Yes	WW IT	215-10-	2988	Mrs.	.Tewe	M. Kamo	192 (6	amo =	as #13)
	Conditions, if ony gove rise to imcouse (a), statiunderlying cous	which mediote ng the lost.	E TO, OR AS A CONSEQ	UENCE OF	by day	mar	Softwork		Jan	note.
NOIL	M	Intra of	My Olandi	in -	0)0					
CERTIFICATION	190 DATE OF OPER	TION	CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
	210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	1JURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	PT OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE T	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREE		CITY OR TO	DWN	COUNTY	STATE
	www.the deceos		noted the deceosed from	6-1	nd that in (my)	(our) opinion	, to death occurred on the d	ote and hour		that (I) (we) lost couses stated
	Hon!	Many	Wh-			ATTENDING L PHYSICIAN	MEDICAL STA	FF CIAN []	224. DATE	SIGNED 21'- +1
1	224 PHYSICIAN SI	TARY OTHE		4 54	325 H		DRIVE, GLE	N BURN	TE. MD).

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospitol

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

COUNTY

STATE

Singleton Glen Burnie Md. Home

ewCemetery Kinston

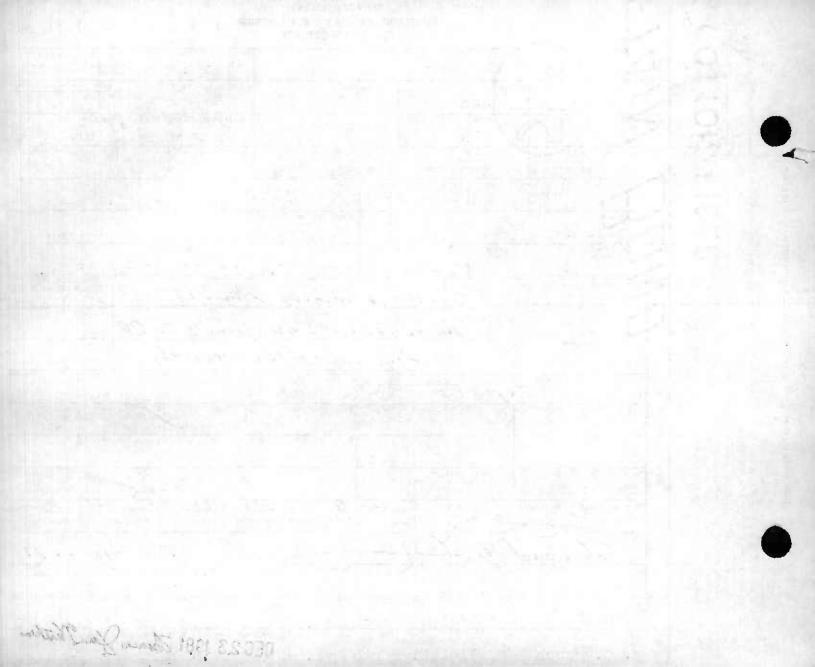
156. DAIE REC'D. BY REGISTRAR 215 REGISTRAR

110 Md. 050281981

The production of the salvest st REELING FAIRL ..

1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 1 0 0	6 4 3 EST
1. D	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DAY	YEAR 2b HOUR
-	LEON	CROMWELL	KANE	DECEMBER 22, 198	8:15A
3. S	Male	4. RACE Black	5 DATE OF BIRTH 1 ONTH 21 DAY 27	6. AGE (IN YEARS LAST BIRTHDAY) IF UNIT 54	DER I YEAR IF UNDER 24 HRS 5 DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF D	
10 0	GLEN BURNIE		ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION 12	6 KIND OF BUSINESS OR IDUSTRY
130.		other institution, give residence before the property of the Arundelasade	ena 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8129 Elizabet	h Road
20 mg 20	George	AIDDLE LAST Kane		MIDDLE	razier
edic edic	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		ADDRESS Kane 8129 Elizab	eth Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in system by the attendant in system by the attendant to burnol, cremotion, or a injury, or other troumatic injury, or other trou	Conditions, if ony, which gave rise to immediate cause io stating the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE	static squa		PART Ì(o
Core nos open signos onsit permit. There Hygiene prior to E 8 shows ony injur.	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h Operation was performed	YES NO YES	RE FINDINGS USED CAUSES OF DEATH?
- m	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH (P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 O	R PART 2)
s the buriol-though word Mentol treed or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN 5 CC	DUNTY STATE
for use of Healt	22a.1 certify that (1) this hospit saw the deceased alive an above, (1) (we) (did) did not	ol) attended the deceased from 12-21 New the body after death		deoth occurred on the date and hour and	from the causes stated
detoched lote Dept.	22b. SIGNATURE	el 7 Ster	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-22-5/
should be def with the Stote IMPORTANT:	224. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS 205	BALTIMORE-ANNAPOLIS	BOULEVARD
Should With 11	EDWARD N. SH			N BURNIE, MARYLAND 2	21061
230	BURIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNT	TY STATE
50M 1/76	FUNERAL DIRECTOR NAME Wm. C. March	ADDRESS	n	Anne Arundel TE REC'D. BY REGISTRAR BY PREGISTRAR S EC 23 1981	CONTRACTION MD

Wm. C. March F/H 1101 E. North Ave



STATE OF MARYLAND

KANOUFF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

126 KIND OF BUSINESS OR

REG NO

CLOTHING

4303 KENSINGTON ROAD, 21229

UNKNOWN

GLEN BURNIE, MD.

21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

disorder

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

12/28/81

21229

23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) BURIAL 12-29-81 LOUDON PARK BALTIMORE CITY

25a. DATE REC'D, BY REGISTRAR 231 HEGISTRAR 5 SIGNATUR

MARYLAND

STATE

24. FUNERAL DIRECTOR (VR A 15 (4))

- STATE

REGISTRAR

DECEASED NAME

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 60M 1/75

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M) Elsia Flancier 12-11-26- 27-11-26 then we will be the sent for the second to the second the second . electric contribution and product and the first THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ST	A	TE	OF	MA	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

5	1 -	REGISTRAR			000	C	ERTIF	CATE OF D	EATH	ille o	REG. NO.	C)	0 0		
	1. DE	CENSED NAME	RING	-	MIDDLE	/es		51161	1	20. DATE OF D	EATH MO	A Jac	101	13 HOUR	
and the	3. SE	× V emal	е	4 RACE Whit	е	5.	DATE O		1893	6 AGE (IN YEAR			UNDER 1 YEAR	IF UNDER 2	MIN.
of once.		OUNTRY) Irela		76 CITIZEN OF USA	WHAT COU	1	MARRIE[NEVER A	WARRIED SE	9 BALTIMORI Anne	Arur		F DEATH		MD.
90 popular	G	len Burnie		Nort	h Aru	indel	RESS)	rother inst		120 USUAL OC (TYPE OF WORK FO COM)		ORKING LIFE)	12b. KIND (INDUSTRY	OF BUSINES	SSOR
ad SE	130 5	AL RESIDENCE (IF NURS STATE d.	13b COUP A.	ITY	136 CITY OF	RTOWN	- 1	136 INSIDE C	ITY LIMITS?	13e STREET AL 164 Da	DRESS le Rd	. 211	22		
Scomine 20	_	homas		MIDDLE	Keav	reney			S MAIDEN NA/ FIRST Y	_	WIDDIE		urray	ST	
medical		was deceased ever yes, no or unknown) No		MED FORCES? WAR OR DATES)	166 SOCIA 219			Marga		cGuire	ADDRESS Sam		13 €	9	
or other traumotic event, th		18 CAUSE OF DEATH PART I. DEATH W Gonditions, if ony, gove rise to imm cause to is statin underlying cause	which nediote g the	D BY. E CAUSE (o) DUE TO, O		ISEOUENC	Gen	eroliz		Meart NENIO	Due	gje Vis	BETWEEN	SMATE INTERVONSET AND E	DEATH
any injury,	CERTIFICATION	PART 2 OTHER SIGN	UN U	£ 10%	N /	Not.	THVE	NOT RELATED	1980	PAL REGIO	SY? / 2	MMI Ob. IF YES, Y	WERE FINDI	INGS USED	
Item 18 shaws		210. ACCIDENT WAS UND OR CONTRIBUTING COTTO	CAUSE OF DE		DE INJURY M. MONT M.	H DAY	YEAR 19	21c. HOW IN	JURY OCCURE	YES [] I	NO	YES		NO [
orked or I	MEDICAL	216 INJURY OCCURE WHILE AT WORK AT WO	HILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, I	OFFICE, FARM	ETC.)	211 LOCATIO STREET	ON	2	CITY OR TOWN		COUNTY	STA	ATE
121 is mo		22a. I certify that (I) saw the decease above, (I) (well)	ed alive on	Dec	10	170m	1	d that in (my)	(our opinion	death occurred	on the dote	ond hour o	ond from the	that (I) (w couses stat	
AT: If Iten		22b. SIGNATURE	mis	J. G	del		(ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	N 🗆	12 - 1	SIGNED	FI
MPORTANT: If Item 2		224 PHYSICIAN'S PA	ME (THE O	J. C	odu			22e ADDRES	BUX 62	1 Jeu	enval	9/ 1	ma		
4	23a E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	12/24	/1 981			hedra l	CREMATORY	23d. LOCAT CITY OR T	i more		OUNTY	STAT	TE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR

FOR

New Cathedral

Baltimore,

Md.

250. DATE REGID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

George J. Gonce F. H. 169 Riviera Dr. Riviera Bch DEC 28 1981

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		0
REG.	NO.	

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		EST
		CEASED NAME	FIRST	1	MIDDLE	-	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE	E OR PRINT)	AUDE	31314	GRACE	K:	ILGORE	DECEMBER	28,	1981	12:40 PM
	3 SE	Х		RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		Fema1e		Whit	e e		ne 12, 1915	66	YRS	MONTHS BATS	HOURS MIN.
22		IRTHPLACE (STATE OR	FOREIGN]	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	_		
2		Virginia	4	Ţ	J.S.A.	WIDOWE		ANNE ARI	JNDEL	COUNT	Y MD.
-1	10. CI	ITY OR TOWN OF DEA	HIA		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
14		EN BURNI		NORT	H ARUNDE	EL HO	OSPITAL	Homemak			Home
26	13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	MILE		
U	_	laryland	P	.A.	Severr	1	YES NOX	8504 E	3raun	s Aver	nue
72	14 FA	ATHER'S NAME	A	NDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		_ LAS	
hala		John		Ι.	Kilgore	_	Mollie			Aust	in
1		VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT (Dau			ame as	
		No	N/	A	223.12.	7217	D Mrs. Ma	ry Sheppar	d		# 13
	10	18 CAUSE OF DEAT PART I, DEATH W	H (Enter only	y one couse per	line for (a), (b), and	d (c).)	0101	6	2/2	BETWEEN C	MATE INTERVAL DISET AND DEATH
		11 20		CAUSE (0)	10BCIA	10w	a of the	nd swee	52x571	13	
H		1621		DUE TO, OI	R AS A CONSEQUE	NEEOF					
		Conditions, if ony, gove rise to imr		(b)	Col	5.					
		cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
				((c)							
	z	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVE	EN IN PART 10	,
	ATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IF YES	, WERE FINDIN	CS USED
7	IFIC		200				TO TEMPORITED		IN CERTIFY	YING CAUSES	OF DEATH?
4	CERTIFIC	21g. ACCIDENT WAS UND	DERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR	YES NO	YES		NO 🗌
7		OR CONTRIBUTING			M. MONTH DA		146	(Ellien Harone of Prior		ant i On trant 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE		21e PLACE (19	21f LOCATION				
	ME	WHILE NOT WH	OLE _	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
		220.1 certify that (I)		1) extended the	deceased from_	121	26 19 8	to 12/2	8	18 91	hot (I) twe) lost
		sow the decease above, (1) (we) (c	ed olive on_	15/	10 %	, or	d that in (my) (out) opinion	death accurred on the do	te and hour		
-		22b. SIGNATURE	10) (dia 110)	/ view the body	offer death.		DEGREE			22c. DATE S	SIGNED
		neli	131	Cherry	2	Y	ATTENDING PHYSICIAN	MEDICAL STAF	F	1.	LDX X/
,		22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)				B&A BLVD.			100/01
1		ROBERT	B. KF	ROOPNI	CK, M.D.		GLEN BURN		ND 2	1061	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(Buria	1 /	31 'Dg	c.81 G1		aven Mem. P		urnie	. A.A	MD.
	24 FL	JNERAL DIRECTOR	XII	21/10		Glen	Burnie 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNATI	JRE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
Singleton Funeral Home

Maryland

RESIDENCE ON MENT AND LINE OF PLANT OF THE PROPERTY OF THE PRO 4 06 33C

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DEPA TAL HYGIENE

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3		REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO		EST	
/		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH		DAY YEA	2b HOUR	Λ
			HARR	YI	EROY	KI	NG	13	DECEMBE	2 3,	1981	10:3	30m
1	3. SE	X		4 RACE		5 DATE C			6. AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DA		HRS
		MALE		WHI	TE	FEB			77	YRS	MONTHS	HOURS	MIN.
71		IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIE		BALTIMORE CITY	OR COUN	TY OF DEATH		
10		. CAROLI	NA	U.S.	A.	WIDOWE	11/11		ANNE ARI	JNDEL	COUN	TY	MD.
3	10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTIO	N	120 USUAL OCCUPA	रिक्षेप)	12b. KIN	D OF BUSINESS	
54	GI	LEN BURN	IE		H ARUND		OSPITAL	k	COOK&BAR	TENI		AVERN	
0	#3U 13a.	AL RESIDENCE (IF NUR	13b. COUN	OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIM		3e. STREET ADDRESS				
50	M	ARYLAND	A.A	~~	GLENBU		YES NO 18		215	DIT	TY	COUR	Г
	14 FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDE						_
20			NKN		I		FIRST	J	JNKN	IWC	J	LAST	
		VAS DECEASED EVER			166. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADD	RESS So	ame as	3 # 13	
1		NO	N/	A WAR OR DATES	218-01	-314	B MRS. (CONS	STANCE H	AYDEN	J (DAI	JGHTER)
		18 CAUSE OF DEA	TH (Enter onl	y one couse per	Ing for (a), (b), an	dicii			1		APP BETWE	ROXIMATE INTERVA	ATH
		PART I. DEATH V	VAS CAUSED		1000	bento	me and	6-	corole	-1	4	The state of the s	
		14129	IMMEDIATE	4	R AS A CONSEQU	ENCEOF				011			
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	4	gave rise to im	mediate	of Report	PAS A CONSEQUI	THE DE			,,	1			
		underlying cous		1	01 SX2	+ P_l	chron-	TN	en . 0 /	2.01	, ,		
	5	PART 2. OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMIN	AL DISEASE OR CO	IDITION G	IVEN IN PART	Tio	=
	NO			1000									
64	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?			DINGS USED	
7	TIFF								YES NO		IFYING CAUS	SES OF DEATH?	
14	CER	21a. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART	2)	
1	TAL	OR CONTRIBUTING		H P.		19							
1	EDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR I	Olara	COUNTY	STAT	
	Z	WHILE NOT W	HILE DRK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	SINCEI		CHYORI	OWN	COUNT	SIAI	c
		22a.1 certify that (I	(this hospite	ol) ottended the	e deceased from_		, 19		_, to		, 19	, that (I) (we)	lost
		sow the decease above, (1) (we) (ed olive on_	view the body	attac dooth	, or	d that in (my) (our) op	pinion de	oth occurred on the	dote and ha	our and from	the causes state	d
	9.3	276. SIGNATURE	ala / (ala noi	view ine oody	Offer deom:		DEGREE				22c. DA	TE SIGNED	
		1 06	000		-01		ATTENDI PHYSICI		MEDICAL ST.		12	/3/81	
1		22d. PHYSICIAN'S N	AME (TYPE OR	RINT)			22e ADDRESS					21061	
		RECE	EROI	L, M.D			325 HOSP	PITA	L DR., GL	EN B	URNIE	, MARYL	ANI
-		BURIAL, CREMATION		23b DATE	230		EMETERY OR CREMAT	ORY	23d. LOCATION	-			
	(BURTA	L O	7 DEC	2'81 0	GLEN	HAVEN ME	M.PI	d. GLEN	BURN:	IE AY.	A. MD	€ •

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

FUNERAL HOME, GLEN BURNIE, MD.

DEC 4 1981 Theres Sent Report For Services

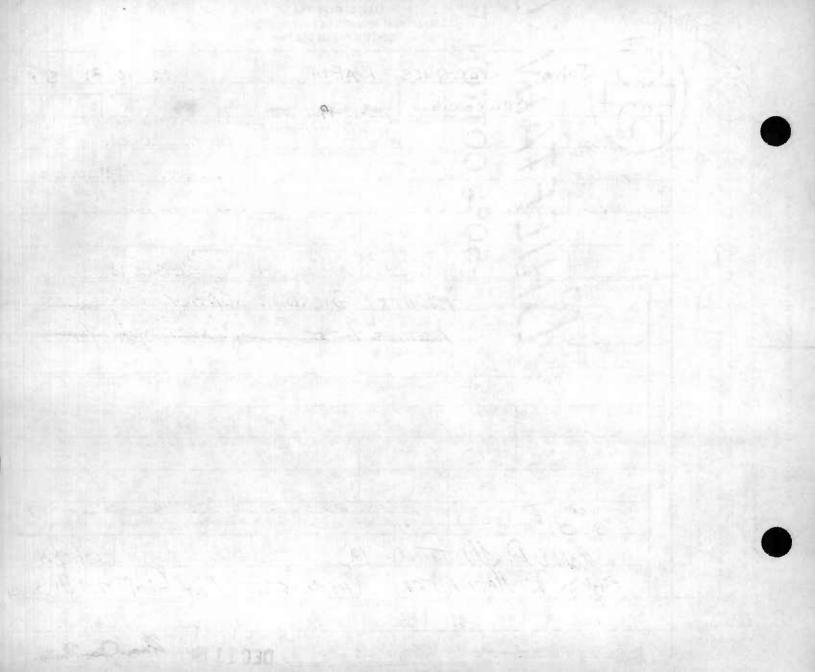
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Annapolis, Md.

(VRA 15, 4)

Hardesty Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-**CHRISTOPHER** LANGMEAD DEATH MATED 12 10 81 NERAL DIRECT FOR YOUR FI WITHIN 72 HO PRESTON, STR 3 SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED white DEAD male 8 8 55 26 14 1981 60 M TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Anne Arundel County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Glen Burnie North Arundel Hosp. Manager Helicom Press USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS laryland Baltimore 9 East Eager Street YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, A PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENINGH, DIVISION OF VITA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MIDDLE MIDDLE Langmead Mary Malatesta Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 324 Quail Drive (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 218-62-0018 Harry W. Langmead Sykesville. Md. 21784 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL ? P.M. 12-12- 19 81 Subject hanged self 214 INJURY OCCURRED 2 Te PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE ☐ NOT WHILE Orchard & Meadow Rds woods Md. AT WORK Anne Arundel 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinian Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-15-81 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Sykesville Md. Burial 12/24/81 Lakeview Cemeterv Carroll BP. 24 FUNERAL DIRECTOR WITZKE DHMH-17 1981 1630 Edmondson Avenue, Catonsville, Md. 21228 VR A15 ME (5)

15M 2/80

STATE OF MARYLAND

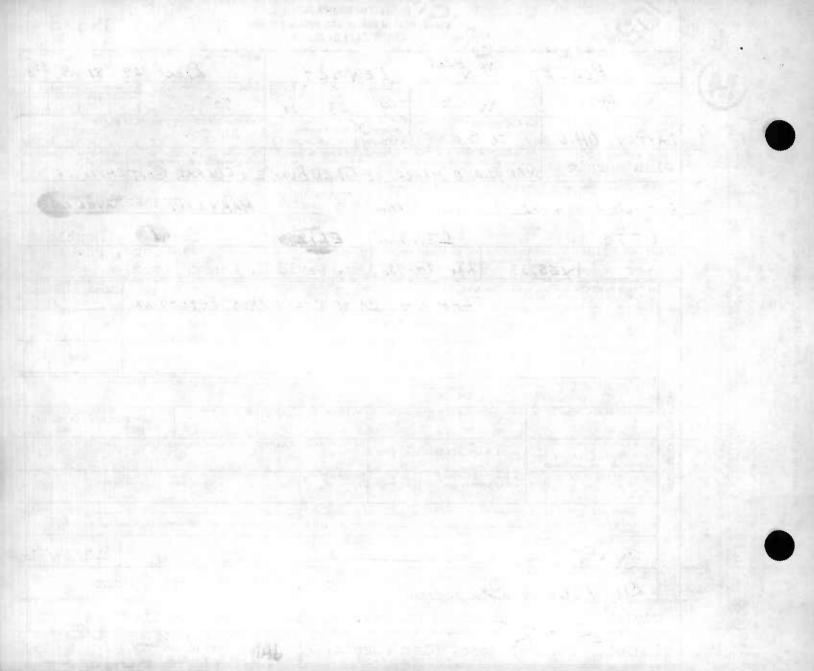
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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	1.	FOR • STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8	3 0 E.	s.f. 5 0
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e medicol		VAS DECEASED EVER IN U.S. AR YES ING OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECURITY N (E WAR OR DATES) 213636136	5A Shirley S	chnor	Edcew	4. 1
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or other 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE C				
y injury,	TION	Pelvic a	CONDITIONS CONTRIBUTING TO DEATH				
shows any	CERTIFICATION	12/11/8/	Pelvic absco	255	200 AUTOPSY?	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
Item 18	MEDICAL CI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YE	19	ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I OR	PART 2)
orked or	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	wn co	DUNIY STATE
n 21 is m		sow the deceased alive an above, (I) (we) (did) (did na	tol) attended the deceased from 17/25 A 19 At	and that in (my) (aur) opinion d	, to		
<u> </u>		22h SIGNATURE Cut ta	I Guden		MEDICAL STAI	FF CIAN []	12/25/81
MPORTANT		22d PHYSICIAN'S NAME (TYPE O	RPRINT)	220 ADDRESS 7300 J GLEN	RITCHIE HIG BURNIE, MAR	THE THE THE THE	TE 500 21061
Δ	C	BURIAL, CREMATION, REMOVAL PECKY)	236 DATE 236 NAME (OF CEMETERY OR CREMATORY		pod Pi	G MYAIE
/81	10	uneral director	1 Chapel, Annap	ookis my DE	C 2 9 1981	25b REGISTRANS	SIGNATURE.

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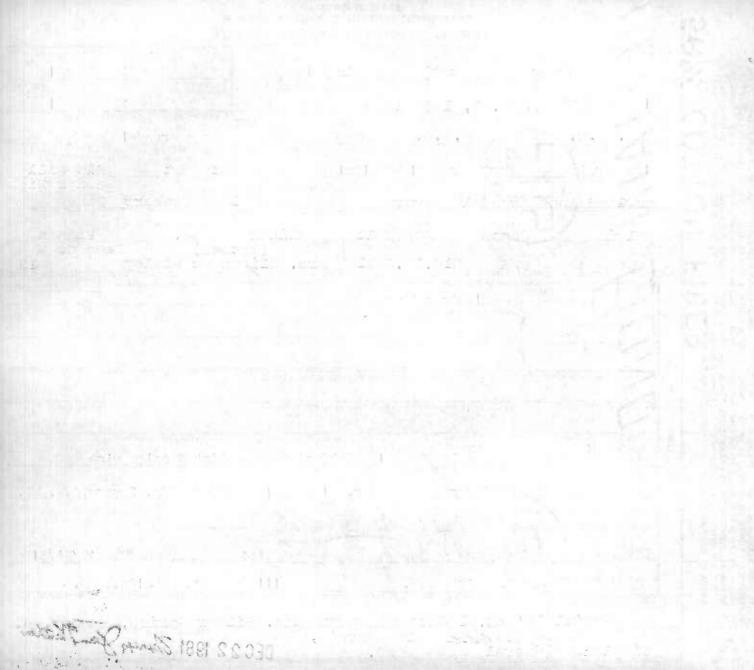


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-William Lindell, Jr DEATH MATED 12 1710 81 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. . SEX IF UNDER 24 HRS 2d. HOUR DATE MONTH PRONOUNCED 81 9:30A 25,1926 Sept. male white 55 DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POREIGN COUNTRY)
Delaware USA Anne Arundel County WIDOWED DIVORCED B. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WHAL RECORDS, 201 ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 115 Sycamore Street Engineer Linthicum USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Arundel Md Sycamore Road 14. FATHER'S NAME MIDDLE FIRS' Jacquette Lindell Francis ADDRESS Newark, Del 19'49 Prospect Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) 221-20-0846 Alice J. Lindell Yess 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA IND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES L NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 12/20/81 M.D. Assistant SIGNATURE ST _MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Hormez R. Guard, MD. (TYPE OR PRINT) Newark, New Castle, Del. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY
Head of Christiana Burial BP **DHMH-17** (VR A15 ME (5) T5M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Scott Lundfelt 2019 81 James 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White 201981 1 SYRS Jan. To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash. D.C. U.S.A. Anne Arundel WIDOWED DIVORCED County 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Old Mill Glen Burnie North Arundel Hospital Student TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEE EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO FAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RITAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Senior High 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1388 Teaberry Lane NO T Marvland | Anne Arundel Severn 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Finnin Lundfelt Elinor F. James 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (mother) **ADDRESS** Same as # (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Elinor Mc Kinley 214.70.3621 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO . 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR * MONTH DAY YEAR UNDERLYING OR MEDICAL 4:30 P.M. CONTRIBUTING CAUSE OF DEATH Subject touched high tension wire 21e PLACE OF INJURY 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, EUC CITY OR TOWN WHILE NOT WHILE AT WORK Old CampMeade&Reese Rds. Severn.A.A. 22a I certily that I took 6 Autopsy and in my opinion Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MDDeputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 73e BURIAL CREMATION REMOVAL 73h DATE 234 LOCATION TIK NAME OF CEMETERY OR CREMATORY COUNTY STATE Gate of Heaven Cem BP. Glen Burnie. **DHMH-17** Singleton Funeral Home (VR A15 ME (5)) MD.

15M 2/80



FOR - STATE REGISTRAR

	STATE OF MARYLA	ND
DEPART	MENT OF HEALTH AND M	ENTAL HYGIENE
	CERTIFICATE OF DE	ATH
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O BY REGISTRAR 254 REGISTRAR SIGNAFIATHER

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SingletonFuneral Home, Glen Burnie, MD

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STATE OF MARYLAND

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FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SEX

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Male TO BIRTHPLACE (STATE OR FOREIGN Mt. Ayre, lowa 18. CITY OR TOWN OF DEATH Ft. Meade, Md.

USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 135 COUNTY Maryland Anne

		DEPARTN	ENT OF H	E OF MARYLAND LEALTH AND MENT ICATE OF DEAT		IENE 8	REG. NO	3	0 0	Č	6
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4.	RACE		5. DATE C		EAR	6. AGE (IN)			IF UNDER I YEAR	IF UNDER	24 HRS MIN.
	White	е	Oct		16	65		YRS.	MONTHS DATS	HOURS	MIN.
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wa	U.S.A.		WIDOWE	/ 3		An	ne Ar	undel	County		MD.
11	(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESS)	nity Hosp				F WORKING LIF	12b. KIND C INDUSTRY		SS OR
136 COUNTY	THER INSTITUTION, C	SIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LI	MITS?	13e. STREET	ADDRESS		Drive		
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AUSE OF DEATH	21b. TIME OF HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)		
RED	21e PLACE O			21f. LOCATION STREET			CITY OR TO	WN	COUNTY	51	TATE
(this hospital	Deg 8	31 19	11	9C 8, 19 and that in (my) (aur)		eath accurre	Dec d an the da		r and from the		
- 1		ya 1	1//	DEGREE					22c. DATE	SIGNED	

4. FATHER'S NAME Alexander 16g. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) 1937-18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO CERTIFICATION 19a. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 27s.1 certify that (I) (this hospital saw the deceased alive on above. (i) (we) (did) (dXXX) 22k SIGNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN X Dec 81 PHYSICIAN 724. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS James D. Fitz, MAJ, MC Kimbrough Army Community Hospital Ft. Meade 23d. LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Glen Haven Mem Pk Glen Burnie AA

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

10.1 C 4 40.01 (SPECIFY) Buria1 Dec.5,81 24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

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MPORTANT: If Hem

Singleton Funeral Home, Glen Burnie, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer should be detached for use as the buriol-transit permit. Then please remove corbanopopers. Pages 1 and 2 shauld be filed within 7 with the State Dept. af Health and Mental Hygiene prior to buriol, crematian, or removal.

IMPORTANT: If them 21 is morked at them 18 shows any injury, at other traumatic event, the medical exam

may be page ; FOR

STATE

REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

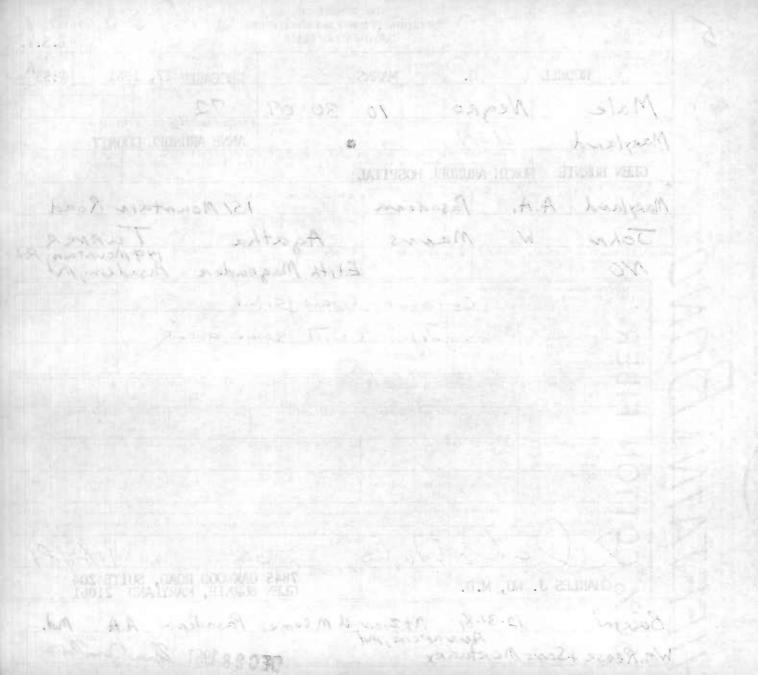
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20	14. FA	THER'S NAME				1	5. MOTHER'S	MAIDEN NAM				
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		JOKN	W		Mann.	2	17	aati	ha		URN	RR
	16a. V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECURI	TY NO. 1	7. INFORMAN	UTO	ADI	DRESS/4	MALLAN E	ain Rel
	- 0	YES NO OF UNKNOWN)	(IF YES, GIVE W	AR OR DATES)			-1.1.	M	- 1	0	1110000	-470
		110				-	ta 1+h	/lag	RUDER	ras	adema,	M.
		10 CALICE OF DEATH	U (Enter male s		line for (a), (b), and (^				APPROX	MATE INTERVAL
		PART I. DEATH W.	AS CAUSED B	Y.	line for (a), (b), ond (C	()	. 1 - 11			BETWEEN	ONSET AND DEATH
			IMMEDIATE C		Confeetw	2	troav	11811	me			
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	7	PART 2 OTHER SIGN	VIFICANT COP	ADITIONS CC	DATKIBUTING TO DE	AIH BUIN	OI KELATED	IO THE TERMI	INAL DISEASE OR CO	NOTITION	SIVEN IN PART TO	2,
	CERTIFICATION											
3	AT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH O	PERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	YES, WERE FINDIN	NGS USED
1	9										TIFYING CAUSES	
6	Ē								YES NO		YES [NO 🗌
3	W.	210. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF	JURY IN ITEM 1	8 PART I OR PART 2)	
4		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH DAY	YEAR			(6.16.1			
I	Y	(IF EITHER NOTIFY MEDIC		P./	M.	19						
4	MEDICAL	21d. INJURY OCCURR		21e. PLACE			OF LOCATION	N				
	YE .				EET, FACTORY, OFFICE, FAR		STREET		CITY OF	TOWN	COUNTY	STATE
	-	AT WORK NOT WHI	ILE L									
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		22a I certify that (I)						., 19	, to			that (I) (we) lost
		sow the deceose obove (1) (we) (d	d alive on	ou the halde	ofter doub	, ond	that in (my) (-	our) opinion d	leath occurred on the	date and h	our and from the	couses stated
M		22b. SKANALORE	igi) (did igot) vi	lew the body	oner deom	DE	GREF				27c DATE	SIGNED
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4		V	1 9	how	XWI	and	AI	TENDING	MEDICAL S	AFF SICIAN [120	2/4/
		22d. PHYSICIAN'S NA	ME VINDE OR DR	14.17.1	, ,		The ADDRESS	,	DIRECTOR	SICIAI L	17	141
							ME ADDRESS	7845	OAKWOOD R	DAD. S	SUITE 204	(/
		CHARL	ES J.	WU, M.	D.				BURNIE, M			
	-									ALITA!	AD 7100	
	23a 8	BURIAL, CREMATION,	REMOVAL :	23b. DATE	23c NA	ME OF CEA	METERY OR CI	REMATORY	23d LOCATION		0.014.12.1	677.75
	K	CL O (A)		12-31-	81 11-	7	11 m	cene.	D I		1 A	A JIAIE
	-	WK100	- 4	-	V17,	TION	V.//!		Tasade	VIL	4.A.	111010
	24. FU	JNERAL DIRECTOR		A	NNAPCIN ADDRESS	s, Ma		25a DATE	REC'D. BY REGISTR	ARIZSB. REG	ISTRAR'S SIGNAT	URE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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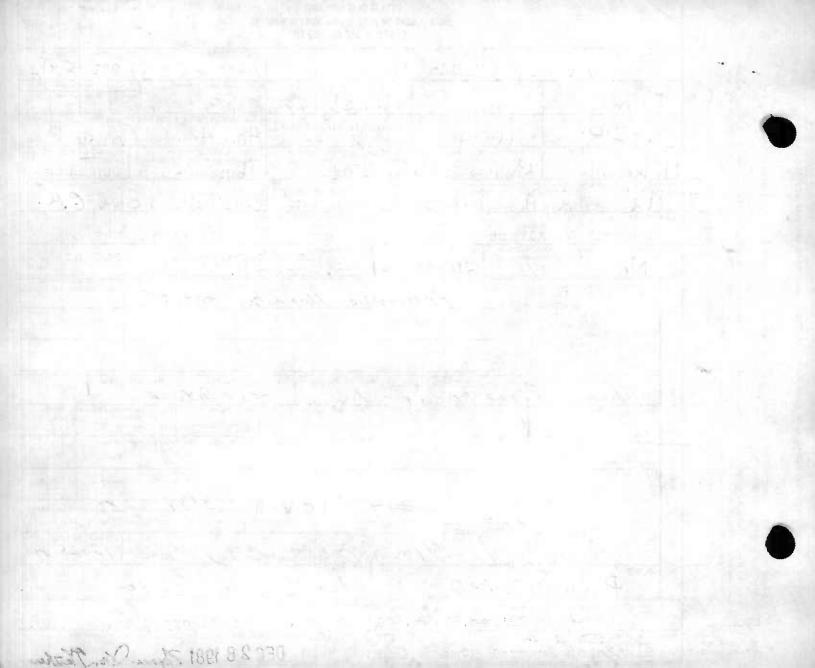


FOR STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LIVEE OF PRINTS 1981 Allie Maxwell December 16. Mae 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR E UNDER THES MONTH White 1897 21 84 Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel U.S.A. Royston, Ga. WIDOWED TO ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Arundel Conv. Center Own home Glen Burnie Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 612 Nolberry Dr. 21061 Glen Burnieves KON A.A. 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alice Parks Maxwell ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Son) LIF YES, GIVE WAR OR DATES! 249-28-7147 Mr. Parks H. Same as #13 Maxwell NA 18 CAUSE OF DEATH (Enter only one cause per line for to k (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.L certify that (1) (this haspital) attegdad, the deceased from and that in (my laur) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (fiel:) did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

8667 Ft. Smallwood Rd. Pa. 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Buria1 Dec. 19, 1981 Glen Haven Mem. Pk. Glen Burnie 24 FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie Md.

DHMH-16 30M 2/80 (VRA 15. 4)

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e attending physician and completely filled in by ti move corbonpopers. Pages 1 ond 2 should be filed

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician STATE OF MARYLAND

3	7.	STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	5 0 0 6 1
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		ADDIE	A.	MCCAULEY	12	28 1981 4 AM
1	3. SE	×	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
	1	temale	W	6 13 03	3 78 YRS	
201	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED		
82		ryland	U.S.A.	WIDOWE DIVORCED		RUNDEL MD.
) Indiffied	BA	ROCKLYN PAR	HAMMONDS	LANE NSG- CTA	2. Itsual occupation (Type de work for most of working Housewife	12b. KIND OF BUSINESS OR INDUSTRY
57 6	13a S	AL RESIDENCE (IF NURSING HO) STATE 136 C	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 136. CITY OR	TOWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS	
5		ryland A	A. A. Glen	Burnie YES NOX	412 Delmar A	venue S.E.
exomina 22	-	rank	= Swai	T FIRST	WIDDLE	Dyson
dicol			CIVE WAR OR DATES	SECURITY NO. 17. INFORMANT	ADDRESS	ODIE Doel
е ше		no	212	07 3035-D Fra n k	J. Mc Cauley	ASTO KOGR
nt, th		18 CAUSE OF DEATH Enter	er only one couse per line for (0), (I NUSED BY.		neu-	BETWEEN ONSET AND DEATH
c eve		LA 1 00 C)	DIATE CAUSE (0)	andrac	auch	
umafi		Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF	I intaction	
r trou		gove rise to immediate couse (0, stating the	e)	The contract of the contract o		
athe		underlying couse lost		nobilevolie Ca	rdievalulard	inare.
ry, 0	_	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION C	GIVEN IN PART 110
y inju	TION					
ows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ \text{ NO } }
18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	LIGHT A MA MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)
Hea	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	PUENT	19		
rkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
s ma			nospital) attended the deceased f		19,10 12-28	, 19 , that (I) (we) lost
, 23	14	sow the deceased alive obove, (1) (we) (did) (di	e on 2 2 8 d not) view the body ofter death.	. 19 8 . ond that in (my) (our) opin	ion death occurred on the date and h	our and from the couses stated
T. If Item		22b. SIGNATURE	u	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
MPORTANT: If Item		228 PHYSICIAN'S NAME (T	YPE OR PRINT) SEENIVA	son 606 Han	1	SALTO, 21225
≥	23a. E	BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATO	RY . 23d LOCATION	COUNTY STATE
- 70		Burial	12/31/81	Glen Haven Mem.	Pk. Glen Burn	ie, A.A. Md.

DHMH - 16 60M 1/75

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24. FUNERAL DIRECTOR
Raymond C. Fink (VR A 15 (4))

Glen Burnie, Md.

DEC 9 1961 CANALO

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	y IA				
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Page 4 may be

executed within 24 hours

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician

TO HOSPITAL

BP.

and completely filled in by the fur iges 1 and 2 should be filed within

4	1-	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	I. DEC	CEASED NAME FIRST OR PRINT) Frederick		ller		AST	December 120 Date Of Death			26. HOUR		
	3 SE)	Male	RACE Whit	e	S. DATE O		6 AGE (IN YEARS LAST BIRT	YRS	F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
5	Ma	RTHPLACE ISTATE OR FOREIGN DUNTRY) TY DATA TY OR TOWN OF DEATH	U.S.A. W			D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION	- Anno Amindol Compti					
0	В	rooklyn AL RESIDENCE (IF NURSING HOME O	214	W. Meado	DW R		Metal Fir	F WORKING LIFE	INDUSTRY	lotors		
5	[M	d. A.	A.	Brookl	N	136. INSIDE CITY LIMITS? YES NO L	214 W. N	leadov	w Rd.	21225		
20		Jacob		Miller		Angela	E.		Hunt'	ST .		
1	16a W	VAS DECEASED EVER IN U.S. AR res, no or unknown) (if yes, giv NO	EMED FORCES? E WAR OR DATES)	216-01		John J. M.	iller 11 V		d Ave	21225		
		PART 2 OTHER SIGNIFICANT	D BY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	Conhi Co	MAN UBSE	Ari DITION GIVE	16	fra gra		
9	CERTIFICATION	198 DATE OF OPERATION	196 COND	MELL ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO				
1	MEDICAL CER	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE					RED (ENTER NATURE OF INJUI	ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE		
		22a.l certify that (I) (this hosp saw the deceased alive or above (I) (we) (did) (did no 27h SIGNATURE	//17	- 2/ 19	9 1	nd that in (my) (own) opinion DEGREE ATTENDING PHYSICIAN	death occurred an the d	ate and hour				
1		1224 PHYSICIAN'S NAME (TYPE OF	PRPRINT)	RERDI	ANN	606 HA	MMUNIS	10	2h			
	23a 8	BURIAL CREMATION, REMOVAL				CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN		COUNTY	STATE		

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

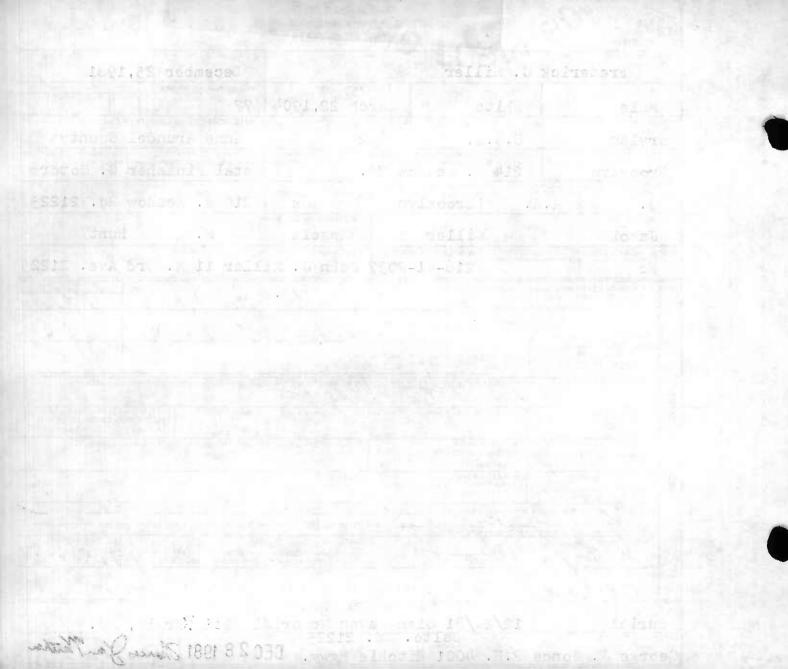
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR NAME George J.

Memorial Glen Burnie, 225 250 DATE REC'D. BY REGISTRAP 250 BEGISTRA WWY. DEC 28 1981 Burlar

Balto 4001 R J. Gonce F.H. Ritchie

A Tarken



				STATE OF MARYLAND		
	1-	FOR STATE	DEPARTN	IENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	0 1	3006
	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE		REG. NO	O. AONTH DAY YEAR 2b. HOUR
g ne		OR PRINT)	good and II.	Moss	12/14/8	1 100
para day i	3. SE	1114109	RACE DISCOURT	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
	3	temale	Thile	Jan. 27 1897	84	MONTHS DAYS HOURS MIN.
(M)	7a. BI	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
	10 C	TY OR TOWN OF DEATH 11	W. JA NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 12b KIND OF BUSINESS O
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a	nnapolis	annuolis Co		Principa	WORKING LIFET INDUSTRY Public Scho
2 28 50	I 3a S	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	· C Ct
and and a		WD H	4. Annapo	13 YES NO	140 Luio	ce George Tre
1 1 A 1	(4.FA	THER'S NAME	DLE LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	C LASE
1 de 044		Walter 1	C. Moss	Margare	ADDRE	Dradley
of the state of th		VAS DECEASED EVER IN U.S. ARME VES, NO PRUNKNOWN) (IF YES, GNE W	AR OR DATES)	RITY NO. 17 INFORMANT	N W	131 warren b
the Part of	-	110 -	- 220-36-	12x4 Marsaret M	1. Dowset	Annapolis, MU2
ng ghy on pag r rem matic		PART I. DEATH WAS CAUSED IMMEDIATE		teorin		
Sent m, o m, o maur		0073	DUE TO, OR AS A CONSEQUE	NCE OF		
the att emove remating	10	Conditions, if any, which gove rise to immediate	(b)	6,00		
y S S S S S S S S S S S S S S S S S S S		cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
equires t signed by n please burial, injury, c		DART 2 OTHER CICALIESCANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OF CONF	DITION GIVEN IN PART 1(a)
9 9 0	7	PART 2 OTTLER SIGNAL REALTH CO	CONTRIBUTION TO L	DOT TO THE TERM	THE DISEASE ON CO.	
to to	1 7					
to to	ATIO	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
to to	LIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
to to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES OF DEATH?
to to			216. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
to to		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	21c. HOW INJURY OCCURR 19 21f LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO VINITEM 18, PART 1 OR PART 2)
to to	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURR 19 21f LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO VIII ITEM 18, PART 1 OR PART 2)
ENDING PHYSICIAN: The law ratending physician. OR: After this certificate has been it as the burial-transit permit. The east the burial Hygiene prior to is marked or Item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21c. HOW INJURY OCCURR 19 21f LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO YOUR TERM 18, PART 1 OR PART 2) N COUNTY STATE
rENDING PHYSICIAN: The law re or attending physician. OR: After this certificate has been is seas the burial-transit permit. The Health and Mental Hygiene prior to its marked or Item 18 shows any it is marked or Item 18 shows any		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 218. INJURY OCCURRED WHILE AT WORK AT WORK 228.1 certify that (1) (this hospital sow the deceased glive on	21b. TIME OF INJURY HOUR A.M. MONTH DATE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET , 19 , 19	YES NO NO NOTION NOTION	IN CERTIFYING CAUSES OF DEATH? YES NO
OH ATTENDING PHYSICIAN: The law repopulation attending physician. INECTOR: After this certificate has been it do not not set the burial-transit permit. The ept. of Health and Mental Hygiene prior to them 21 is marked or Item 18 shows any		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospital)	21b. TIME OF INJURY HOUR A.M. MONTH DATE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21c. HOW INJURY OCCURR 19 21f LOCATION STREET , 19 , ond that in (my) (our) opinion d DEGREE	YES NO NOTION CITY OF TOW 10 10 10 10 10 10 10 10 10 1	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY NO COUNTY STATE 19, that (1) (we) le te and hour and from the causes stated 22c. DATE SIGNED
OH ATTENDING PHYSICIAN: The law re hospital or attending physician. DIRECTOR: After this certificate has been inded for use as the burnal-transit permit. The bept. of Health and Mental Hygiene prior to if Item 21 is marked or Item 18 shows any		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21à INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital sow the deceased alive on obove. (1) (we) (did) (did nat):	21b. TIME OF INJURY HOUR A.M. MONTH DATE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21c. HOW INJURY OCCURR 19 21f LOCATION STREET	YES NO NOTION CITY OR TOW 100 Heath occurred an the do	IN CERTIFYING CAUSES OF DEATH? YES NO 1 YIN ITEM 18. PART 1 OR PART 2) NO COUNTY STATE 19 , that (1) (we) la te and hour and from the causes stated 22c. DATE SIGNED
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			STATE OF MARTLAND	
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moy be r, poge 3 ter death	3. SE	× - 1110y	4. RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
d octor	70. B	IRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNTY OF DEATH
(M)	1	reland ITY OR TOWN OF DEATH	MARRIED NEVER MARRIED WIDOWED DIVORCED D	ANNE Arundel "
\$3	A	nnapolis	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AND E Arundel Ceneral	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO USE: 1) TO
BE STEP	USÜ 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13 CITY OR TOWN YES NO NO NO NO NO NO NO NO NO N	13. STREET ADDRESS 121A Edec Hill Sherwood Forest
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The state of		WAS DECEASED EVER IN U.S. A YES HOIDRUNKNOWN) (IF YES, G	VE WAR OR DATES)	ADDRESS Same as
hysician oppers. Popers. Poper	-	18 CAUSE OF DEATH JERTEY O	nly one couse per line for (a) (b) and (ct)	J. Mulauren #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic on pope emovol.		PART I. DEATH WAS CAUS	TE CAUSE (0) CARDIAC ARLEST	BETWEEN ONSET AND DEAT
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the off remov emotic		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	ing Warina Lademora
red by the please re please re priol, crem, or other		underlying couse lost.	(c)	
equire Then To bu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
is certificate has been is certificate has been buriol-tronsit permit. Mental Hygiene prior item 18 shows ony or item 18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The page physicion certificate rial-transit ental Hygie litem 18 sha		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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hos hos hed hed ept.	3	22b SIGNA URE	DEGREE	22c. DATE, SIGNED
- ± - + 0		27 PHYSICIAN'S NAME (TYPE		MEDICAL STAFF 12/48
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of of self with the self of th	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	138 LOCATION Q Q Massign
BP	24 F	NETAL DIRECTOR	Dec 18,1981 Bur Lady of the Field	TE RECD, BY REGISTRANCE REGISTANCE STORY CONTROL
DHMH - 16 50M 1/81 (VRA 15, 4)	tro	War Einer	al Charal Apparatis mil DEC	1 7 1981 June

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MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers. For with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH		3	0 6	6 .	
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3. 3E	^	1	KACE	ALC: NO	S. DATE O		AGE TIN YEARS LAST E		ONTHS DAYS	IF UNDER 24 HR	
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	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
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10. C	TY OR TOWN OF DEA	ATH 11.	NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		F BUSINESS O	
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13a S	AL RESIDENCE (# NURS	13b COUNTY	ER INSTITUTION.	13c. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5			
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14. FA	THER'S NAME	MIDE				15. MOTHER'S MAIDEN NA					
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	VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT	ADD	RESS	0,000		
(VES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	062-24-	2632	Gerard Mur	chie	13e			
	18. CAUSE OF DEAT	H (Enter only o	ne cause per	line for (a), (b), and	die /	2 /			APPROXI BETWEEN C	MATE INTERVAL	
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	gave rise to imr	mediate	(0)	manan	4111	- COLONE U	W. Corvers	ra	1		
	cause (a), statin underlying cause		DUETO, O	R AS A CONSEQUE	NCE OF				(
			(4)						1		
Z	PART 2 OTHER SIGN	IDITIONS <u>CO</u>	DATRIBUTING TO D	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART 110			
CERTIFICATION	19a DATE OF OPERA	TION	TIAL COND	TION SOR WILLOW	ODEDATIO	2211202020202020	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
OF.	196 DATE OF OPERA	ION	190 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
RT							YES NO	YES	<u></u>	NO 🗌	
	OR CONTRIBUTING		216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN:	JURY IN ITEM 18 PAI	RT I OR PART 2)		
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	saw the decease above (I) (we) (81.0	nd that in (my) (aur) opinion	death occurred on the	date and haur	-		
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23a. E	BURIAL, CREMATION,	REMOVAL 2	3b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	M. O	COUNTY	STATE	
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T.A. Hardesty

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11		REGISTRAR	ME		MINER'S	CERTIFICATE O	F DEATH	REG. NO.		
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AY IS THE 301VD	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	IOME, OR OTH	ER INSTITUTION	12a. USUAL OCCUPAT		OR INDUSTRY	ESS
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URS WIT PA		18. CAUSE OF DEATH (Enter and	v one couse per ine		11	1	1.		PERSONALE MAZE	ERVAL.
ST., PACE ANT.	110	PART I DEATH WAS CAUSED	D BY:		1/	0 06	-		MET PROPERTY AND	DEATH
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PRESTON VITHIN 24 CIL IN ITE NOR A NOR TO PER AND A HYGIE MOVAL.		Conditions, if any, which	DUG O, OK	An a conscious	ACE OF			ALC: THE REAL PROPERTY.		
IO) W. PREST UTED WITHIN IN PENCIL IN EXAMINER A RRIL-TRANYAL OR REMOVAL		gave rise to immediate								-
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0 /54/2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	AS PERFORMED?			20. AUTOPSY?	_
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AMINE STIFICA SECTOR ITH THE YLAND,		death resulted from: Natur	al causes	Accident,	Suicide	, Hamicide	Undetermined monne	er L,	,	,
X III II I		ACTUAL OF	1			TITLE (SPECIFY)		- 175	1-1-1	11
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TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH, D AFTER DEATH, D	23 o. B	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME C	F CEMETERY C	OR CREMATORY	236. LOCATION	COUNTY		
	((renation	1/4/1982	Secu	ritu Pr	ocess, Inc.	238 LOCATION CHY ORTOWN CATORION	He Bal	to. STATE	d.
BP	24. F	UNERAL DIRECTOR	1/1/02		9117	2 125g. DATE	REC'D. BY REGISTRAR	25b. RESISTRAR'S SIC	NAFURE -	-
DHMH - 17 (VR A15 ME (5))	Ma	Cully F. H. Mtn.	& Tich Noss	ob Rda	Paradas	a Md J	AN 5 1982	Many	an/iarcum	
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000	3 SEX		4 RACE	5 DATI	E OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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3 10000	Ta BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	IED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
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1 100	P	ty or town of death asadena	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 19 Milbur	STREET ACORESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
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N: The No on the Control of the Cont	CERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR				
CIAN Physical Physical Physica		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEA					
HYSI ading	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	-4-11-0	211 LOCATION	CITY OR TO		COUNTY	
after the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	/	COUNTY	STATE
APIN AF		22a.1 certify that (I) (this haspi	tal) attended the deceased	from	0/15 19 75		120 15	81	that (I) (we) l ast
TTEN pital TOF far u		sow the deceased alive on	1) view the body after death	19_/	and that in (my) (our) apinion	death occurred on the d	ote and hour o	and from the	couses stated
A Pos hos hed hed ept.		77% SIGNATURE			DEGREE	SALE	Telli.	221. DATE	SIGNER
AL O AL D detac are D T: If		K.M. Me	Faylele	- , m.	TO ATTENDING PHYSICIAN	MEDICAL STA		12/2	10/81
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(VR A 15 (4))	J	ames Kirkley	Glen Burn	nie, M	D D	EC 23 1981	Opposes	0	

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2b HOUR A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUST (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e. STREET ADDRES LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ${\it 30}$, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN PHYSICIAN CITY OR TOWN BP.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77

(VR A 15 (4))

24 FUNERAL DIRECTOR

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10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NUBSING HOME, OR OTHER INSTITUTION 12 IS USUAL OCCUPATION, IT IN OWNER 13 IS USUAL OCCUPATION, IT IN OWNER 13 IS USUAL OCCUPATION 12 IS USUAL OCCUPATION, IT IN OWNER 13 IS USUAL OCCUPATION, IT IS USUAL OCCUPATI	H					The second second				TIT OF DEATH	
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N. FATHER'S NAME REST GEORGE MEDITE Week'ley S. MOTHER'S MAIDEN NAME G. P. G. C.				OR OTHER INSTITUTION, GI		ONI	124 INCIDE CITY LIMITES I	11- CTDEES ADADEC	c		
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THE CONDITION FOR WHICH OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 198 CONDITION FOR WHICH OPERATION FOR WHICH OPERATI	1		George								2
18. CAUSE OF DEATH (Enter only one cause per Me (3) (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: AMMEDIATE CAUSE OB CONSEQUENCE OF Conditions, if any, which gover rise to immediate cause (a) stoling the under- Jying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Tile External Cause was 21th Time of Injury yes no	1	6a. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	Y NO.		0 1-1	ADDRESS Sall	ie as 1	3
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AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Actual Signature , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE SIGNAME				HOUR A.M	MONTH DAY YEAR						
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death resulted fram: regural causes i, Accident i, Suicide ii, Hamicide ii, Undetermined manner ii, ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNED 12.30. \$1 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12.30. ADDRESS III PROVING MEDICAL EXAMINER 12.30. \$1 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12.30. ADDRESS III PROVING MEDICAL EXAMINER 12.30. \$1 24. FUNERAL DIRECTO. BY REGISTRAR'S SIGNATURE			AT WORK AT WORK				Title ballet			14521	
death resulted frame. Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE		1	220. I certify that I tank chare	e of the remains des	cribed above held an	Autons	Inspection	Inquire I	and in my a	pinian	
ACTUAL SIGNATURE SIGNATURE ALINHAR T. LINHAR T. M.D. DEPUT 9 MEDICAL EXAMINER SIGNED 12.30. 81 EXAMINER'S NAME F. LINHAR T. M.D. ADDRESS ADDRESS MEDICAL EXAMINER SIGNED 12.30. 81 230. BURIAL, CREMATION, REMOVAL 236. DATE 92 236. NAME OF CEMETERY OR CREMATORY PROTECTION ETRY 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BY REGISTRAR'S SIGNATURE		71								ipinan	
ACTUAL SIGNATURE Shauhard M.D. Deput 4 MEDICAL EXAMINER DATE SIGNED 12, 30. 8/ EXAMINER'S NAME F. LINHAR T.M.D. 230. BURIAL CREMATION, REMOVAL 236, DATE MEADOWRIDGE Mem Pk 230. COCATION ETRET'S SIGNATURE 24. FUNERAL DIRECTO. BY REGISTRAR'S SIGNATURE			death resulted tram:	al causes',	Accident L., Sui	icide		Undetermined man	ner,		
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24. FUNERAL DIRE 1250, DATE REC'D, BY REGISTRAR'S SIGNATURE	2	3a.BL	RIAL, CREMATION, REMOVAL	36. DATE	23c NAME OF CEA	AETERY OR	CREMATORY	23d LOCATION	TT.60	YINU	VIII)
		(5)	Burlai	Z Han o	Meadow	rlag	e Mem PK	ETKTId	ge, How	vard,	MD
Since of the Present of Address				2	Part of the last o	THE A	25a. DATE RE	C'D. BY REGISTRAR	256 REGISTRAP'S		
Pringreton runeral Home, Glen Burnie, MD JAN 1 1000 Many	(Si.	ngleton Fune	ral Home	Glen Bu	rnie	MD JAN	4 1982	frame of	anlarth	•

STATE OF MARYLAND

Charles and the

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE

*REGISTRAR

Barringer C. Olds 1 Ritchie Rd. Ann. Md TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20k. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I" The HOW INJURY OCCURRED. TENTER WATERS OF PUBLIC HATTER THE PART IS DRIVEN TO COUNTY LYNTE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77t DATE BEARY Arlington National TA FLINERAL DIE Hardesty Funeral Home 12 Ridgely AVe. Ann

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

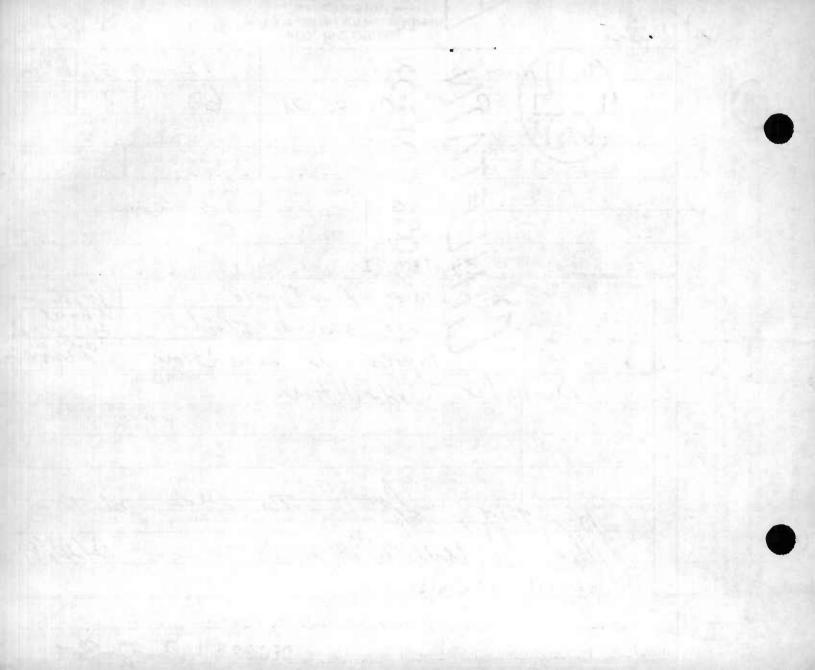
2b. HOUR

17h KIND OF BUSINESS OR

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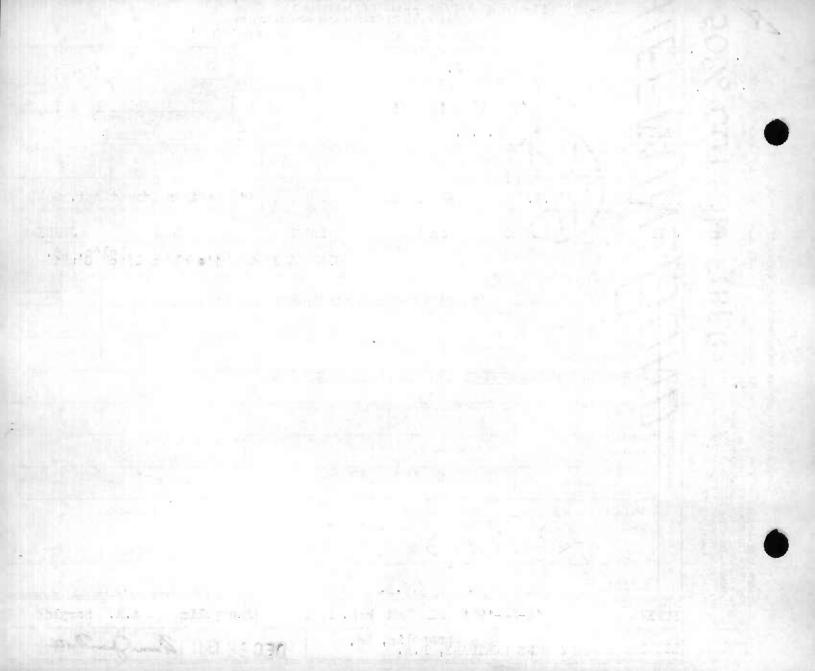
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1	3. SEX	nale	black	5. DATE OF BIRTH MONTH DAY	YEAR LAST	69 YRS.	DER 1 YR. IF UNDER		DATE RONOUNCED DEAD	12	18 1981
35		THPLACE (ST.	ATE OR	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRI WIDOW	IED NEVER MARR	RIED 📙	Anne	TY OR COUNT	
3	Aı	napol	is	Anne	SPITAL, NURSING	Eneral			L OCCUPATION ST OF WORKING LIFE)		OR INDUSTRY
5		RESIDENCE (YLAND	IF IN NURSING HOME O	IY	130 CITY OF TO		13d. INSIDE CITY LIMITS? YES NO	13918	Ma dd son	Street	Apt. S 4
0	JOH	HER'S NAME FIRST	W.	MIDDLE	PARKE	R	15. MOTHER'S MAID FIRST SARAH	EN NAME	MIDDLE	EN	JENKII
1	N OES	AS DECEASED NO, OR UNKNOW	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMANT GILBERT PA	ARKER	11 Wald	en Birch	lto. Md.
, OR REMOV,		gave rise couse (o)	s, if ony, which e to immediate stating the under-	(b)	R AS A CONSEQUE	ENCE OF	cardiovascı	ular d	isease		
ייין ייין ייין ייין ייין ייין ייין ייי		gave rise couse (o) lying cous	s, if ony, which to immediate stating the under- se lost.	(b) DUE TO, O (b) DUE TO, O (c) CONTRIBUTING TO DEAT	R AS A CONSEQUI	ENCE OF	E OR CONDITION GIVEN IN PA		isease		20 AUTOPSY?
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ARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOV.	MEDICAL CERTIFICATION	gave riscouse (o) lying couse PART 2 OTHER SIG 19a. DATE OF 21a. EXTERNA JNDERLYING CONTRIBUTIN 11d. INJURY O WHILE AT WORK	operation Course was Operation Course of Course of Course Operation Not while Operation of Course Operation of Course Operation Not while Operation of Course Operation of Course Operation Not while Operation of Course	DUE TO, O (b) DUE TO, O (c) CONTRIBUTING TO GEAT 19b. COND 21b. TIME C HOUR A. DEATH P. 21e PLACE STREET, FA	R AS A CONSEQUE R AS A CONSEQUE BUT NOT RELATED TO T OF INJURY M. OF INJURY AT HE	HE TERMINAL DISEASE I OPERATION W YEAR 21c. HC 19 DME, 21f. LO S	E OR CONDITION GIVEN IN PA	ED (ENTER NA	ture of injury in ite		YES XX N
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) Fredericka 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HR YEAR remale wh ite Aug/15.1893 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md WIDOWEDY DIVORCED Anne Arundel Co 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Annapolis Anne Arundel General Hosp housewife household NUM COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Arnold Md. -Co 689 Carlisle Dr 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME E-ma MIDOLE LAST MIDOLE Charles Sophia Vinup 16g WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS I SOCIAL SECURITY NO 17 INFORMANT Jean Johnston 689 Carlisle Dr. Arnold 216-07-7515 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ial ib PART I. DEATH WAS CAUSED BY monary Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ACCIDENT WAS UNDERLYING 216 TIME OF INTURY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. DAY STREET FACTORY OFFICE FARM ETC 1 22a. | certify that the hospital) oftended the deceased from and that in (my) (ou opinion death occurred on the date and hour and from the court single DEORSE 22c DATE SIGNED ATTENDING \ PHYSICIAN DIRECTOR | PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATIO (SPECIFY) COUNTY Baltimore, Md Burial 12/22/81 Parbuand Cometony 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADORESS Hardesty Funeral Home 12 Ridgely

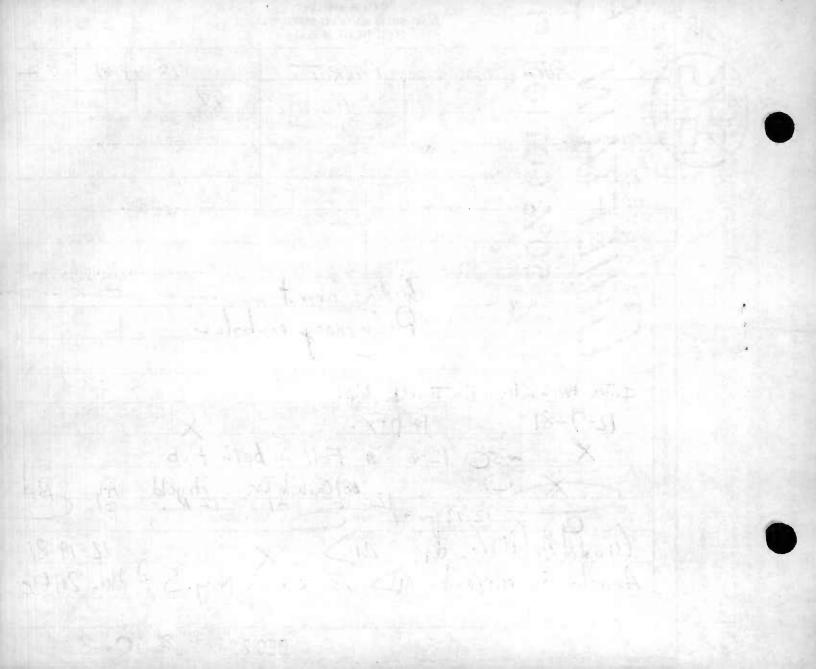
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Dog Con Mr. Layder Phatoff Licenster, Ed. 19.

Recoved 12/11/51



F.H.Mtn. & Tick Neck Rds. Pasadena, Md

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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pe th		CEASED NAME FIRST	11e	K. Ro	LAST V	28. DATE OF DE		\$ -8 P	TAY N
ge 4 ao)	3. SE	F	4. RACE		OF BIRTH DAY 3	06 6 AGE (IN YEARS	LAST BIRTHDAY) YRS.		IF UNDER 24 HRS HOURS MIN.
Po Po	I = 1	ASH. D.C.	76 CITIZEN OF WHAT	COUNTRY? 8 'MARRI	ED NEVER MARRIED	9 BALTIMORE	APUNDE	0/-	WL
s offer d	A	SNOODLY	1). NAME OF HOSPIT (IF NOT IN SUGH FACILITY	AL, NURSING HOME Y, GIVE STREET (ODRESS)	OR OTHER INSTITUTION	120 USUAL OCC (1YPE OF WORK FOI		12b. KIND OF	BUSINESS OR
24 hour	13a	AL RESIDENCE (IF NURSING HOLF OR STATE 130 COUN	10.70	IDENCE BEFORE ADMISSION TY OR TOWN	13d. INSIDE CITY LIMIT	S? 13e STREET ADD	RESS (XANT	DR.
mpletely ond 2 sh	1	ATHER'S NAME	MIDDLE	YDNOR	15. MOTHER'S MAIDEN	. M	IDDLE	C LAST	,
n ond co			MED FORCES? 16b. SC E WAR OR DATES) 57	9-20-1402	VERNON PE	PRU SOU	ADDRESS	As	Above
physicia physicia in papers emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for D BY: TE CAUSE (a)	(0), (b), and (c).	renos	1, 000		APPROXIMA BETWEEN ON	
deoth cer		4476 Conditions, if ony, which		CONSEQUENCE OF	rasaleta	55			
by the cose remote. Other tree		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
equires the signed. Then plector to burial injury, or	NO	PART 2. OTHER SIGNIFICANT OF	CONDITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEASE OF	entrul	N IN PART 110	tarno
ion. has been the permit. there prior ions only ions.	CERTIFICATION	190 DATE OF OPERATION	1.19b. CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	YES N	IN CERTIF	, WERE FINDING YING CAUSES O	S USED OF DEATH?
SICIAN: TI ng physicin certificate rial-transit ental Hygi frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	RY ONTH DAY YEAR 19	21c HOW INJURY OC	CURRED (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART 1 OR PART 2}	
uG PHYS attendin ter this of sthe but h and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
ATTENDIN spital ar STOR: Al far use a of Healt		220.1 certify that (I) (this hospit saw the deceosed alive on abave (D)(we) (did) (end no			nd that in my (aur) opi	nian deoth occurred a	the date and have	and from the co	a (we) last
AL OR AL OR AL DIRECTOR AL DIRECTOR STE DEpt.		22b. SIGNATURE	60/		DEGREE ATTENDIN PHYSICIA	IG MEDICAL	STAFF PHYSICIAN	22c. DATE SI	GNED R-81
o HOSPITAL etoined by the TO FUNERAL should be det with the State IMPORTANT:		M PHYSICIANS NAME (TYPEO	FCWO(mp	22e. ADDRESS	dell's	40 4	James ?	1401
PP	230	BURIAL, CREMATION, REMOVAL	236. DATE 12-10-81		HILL GE		TLAND	count	MSTATE .
DHMH - 16 50M 1/81 (VRA 15, 4)	24. FI	DINERAL DIRECTO WILHER		AIORPES		DATE REC'D, BY REGI	STRAR 25b. REGIST	AR'S SATUR	Ellery

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injury, or other troumatic event, the

MPORTANT: If them 2) is morked or them 18 shows ony

FOR STATE

STATE OF MARYLAND

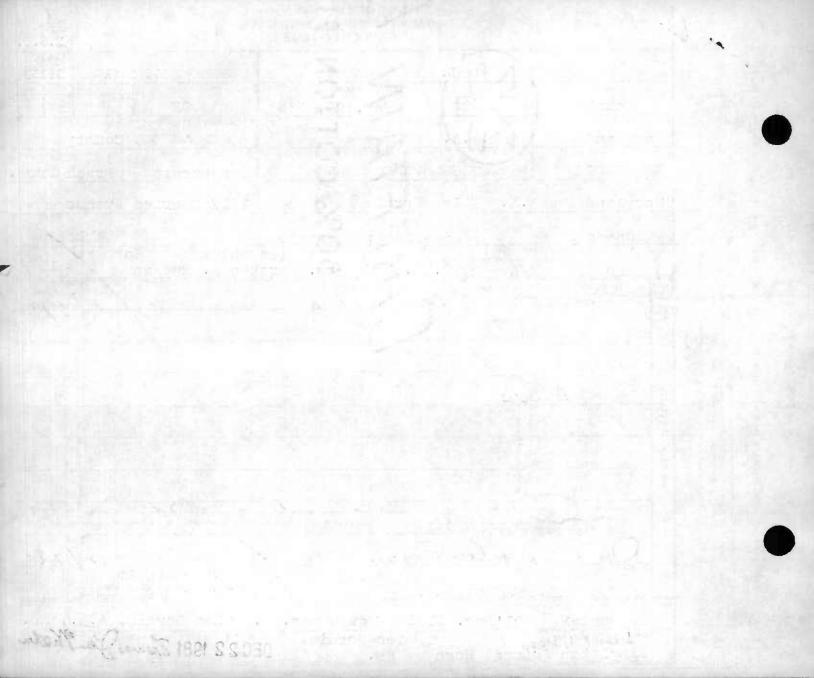
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

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		REGISTRAR				CERTI	CAILOI	PLAIN	REG.	NO.		E.S.T.
		CEASED NAME	FIRST		MIDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
			MABEI	- 4	ee_	PE	TETT		DECEMBER	17,	1981	3:15P _M
	3. SE.	X		4 RACE		5. DATE O			6 AGE (IN YEARS LAST !	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whi	.te	Feb		1888	9:	3 YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY	1173		
6		aryland	120.00	II C	S.A.			MARRIED -	ANNE A			
-		ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	WIDOWE		NORCED	120. USUAL OCCUPA		0.0.0.0	1 110.
51				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		STITOTION	(TYPE OF WORK FOR MOST			F BUSINESS OR
T	-	EN BURNIE			H ARUNDE		TAL		Seamstr	ess	Bras	h Bros
1	13a. S	AL RESIDENCE (IF NUR	13b COUN		136. CITY OR TOW		13d INSIDE	ITY HANTS?	13e STREET ADDRESS			
9	M	aryland	A	.A.	Glen Bu		YES 🗌	NO X	1512 Ch		s Avenu	e
7.	14. FA	THER'S NAME			7		15. MOTHER	S MAIDEN NAM				
40		James		MIDDLE	Snell	inge	Fa	nnie	WIDDIE		A hh	ott
1	16a V	VAS DECEASED EVER	IN U.S. AR.	MED FORCES?	16b SOCIAL SECU		17 INFORM		and to an ADDI	RESS (
1		YES NO OR UNKNOWN)		E WAR OR DATES)					ughter)DDI		Same as	# 13
		No	1 1	I/A	213.16.	3/06	Mrs	 Lore 	tta B. Re	edmar		**
		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one cause per	line for (a), (b), on	nd (c).)					BETWEEN C	MATÉ INTERVAL ONSET AND DEATH
	_	PARIT. DEATH W		E CAUSE (a)	Pne	um	ONCO	1			21	Days
	/	4860		DUE TO O	R AS A CONSEQUI							
		Conditions, if any	which	/	K AS A CONSEQUI	LINCE OF						
		gove rise to imi	mediote	(b)		-						
		couse 10, stoting underlying couse		DUE TO, OI	R AS A CONSEQUI	ENCE OF						
				(c)								
	NOI	PART 2 OTHER SIGI	A C	ONDITIONS \underline{cc}	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERMI	INAL DISEASE OR COM	ADITION G	IVEN IN PART 100	
_	ATIO	IN DAYS OF OPEN	H)	UL								
Jed.	O	190 DATE OF OPERA	NON	196. CONDI	TION FOR WHICH	OPERATION	I WAS PERFO	DRMED	20a AUTOPSY?		ES, WERE FINDIN	
1	CERTIFI								YES NO	1	YES 🗌	NO 🗆
2		218. ACCIDENT WAS UNI			FINJURY M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18	B PART 1 OR PART 2)	
7	ICAL	(IF EITHER, NOTIFY MEDI				19						
E	MEDI	21d INJURY OCCUR	RED	21e. PLACE			21f LOCATIO					
	×	WHILE NOT WE	HILE	(AT HOME, STR	EET, FACTORY OFFICE F	ARM ETC)	STREE		CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (al) attanded the	a deceased from	12/1	1-	19.81	. 1. 11	SIFI	10	
		sow the the ord	Manager and	11/	13/8/10	200	d that in (my)	1	leoth occurred on the	data and b	n IY	thor (we)lost
		above (li Me) (did did not	rill the body	ofter death			(COL) Spillion C	eom occorred on the t	Jore ond no		
		22b SIGNATURE	-	- 1/1	2 .	->	EGREE	ATTENIDALO	MEDICAL STA	455	22c DATE	SIGNED
		N		2 Kel	wall	10,		ATTENDING PHYSICIAN	MEDICAL STA		12	117/8/
8	15	22d. PHYSICIAN'S N	AME (TYPE O	PRINT			22e ADDRES	7845	OAKWOOD RO	AD. #	±200	
		DAV.	ID A.	SCHWART	7 D O				BURNIE, MA			
	230 B	URIAL, CREMATION,		123b DATE		NAME OF CE	METERY OR	CREMATORY	23d LOCATION	Y T TH YE	- 21001	
		Buria			c. 81G1					Rurni	e, A.A	. MT.
	24 FI	JNERAT DIRECTOR	No 7	121 De					REC'D. BY REGISTRA			
		weem !	grandy	n			Burni	e, ni	FC 22 108	61200	3. 4	J'atres
		Singleto	on Fu	neral	Home	MD.		U	LUZZ 130	0/1	U	

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DHMH - 16 50M 1/81 (VRA 15, 4)

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1	FOR - STATE			DEPARTM		LTH AND MENTAL HYG ATE OF DEATH	HENE 8	3	0 6	7
	REGISTRAR DECEASED NAME	FIRST	AA	IDDLE	LAST	ATE OF DEATH	REG.		DAY YEAR	E.S.T
	YPE OR PRINT)							MONTH	DAT TEAK	26 HOUR
3. 5	SEV	ELSIE	E11	zabeth	PFAF Is, date of a		DECEMBER	13, 198	V-1-	3:52
3. 3	Female		Whi	te	MONTH	DAY YEAR	6 AGE (IN YEARS LAST E	BIRTHDAY	MONTHS BATS	HOURS A
36	BIRTHPLACE (STA			VHAT COUNTRY?	Sept	. 16, 1903		YRS.		
A	COUNTRY					X NEVER MARRIED	9 BALTIMORE CITY			
10	Marylar CITY OR TOWN OF	DEATH	U.	S.A.	WIDOWED [DIVORCED DITHER INSTITUTION	ANNE ARI	A STATE OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE P		
	GLEN BURN		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TOF WORKING LI	FE) INDUSTRY	OF BUSINESS
	UAL RESIDENCE (IF			ARUNDEL F		V.	Housew	ire	Own	Home
130	STATE	13b. COUN	ITY	13c. CITY OR TOW!	N 113	d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5.		
	larylanc	l l	A.A.	Glen Bu		MOTHER'S MAIDEN NA	1007 Fa.	ırway	Avenu	le
1	FIRST	MP.	WIDDLE	Dago Is		FIRST	WIDDIE		Ruby	i i
140	John WAS DECEASED E	VED IN III S AD	0.	Brook	_	Ella	hand) ADDI	DECC C		
100	LYES, NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES)			INFORMANT (Hus		sess Sal	me as	# 13
-	No					Mr. Elmer	U. Plali			
	PART I. DEA	PEATH (Enter on TH WAS CAUSE)	ly ane cause per li D BY:	ine far (a), (b), and		01			BETWEEN	MATE INTERVA
		IMMEDIAT	E CAUSE (a)	Cardo	gen, 5	- > MOCK			6	cary
	111	Water Co.			1					7
	1410	0		AS A CONSEQUE		1. C T	1		1945	
	Canditians, if	any, which			NCE OF Myoca	ubial In	facton		d	ezys
	gave rise to cause (a),	any, which immediate stating the	DUE TO, OR		myoca	ubal Is	facton		d	ezys
	gave rise to cause (a), s underlying c	any, which immediate tating the ause last.	DUE TO, OR (b) DUE TO, OR (c)	As a CONSEQUE	NCEOF		factor		d	izys
Z	gave rise to cause (a), s underlying c	any, which immediate tating the ause last.	DUE TO, OR (b) DUE TO, OR (c)	As a CONSEQUE	NCEOF	of related to the term	MAL DISEASE OR COL	NDITION GIV	/EN IN PART 110	245
ATION	gave rise to cause (a), s underlying c	any, which immediate toting the ause last.	DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS COI	ACUTE AS A CONSEQUE	Myora NCE OF LEATH BUT NO	DT RELATED TO THE TERM				
FICATION	gave rise to cause (a), s underlying c	any, which immediate toting the ause last.	DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS COI	As a CONSEQUE	Myora NCE OF LEATH BUT NO	DT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED OF DEATH?
ERTIFICATION	gave rise to couse (a), sunderlying of PART 2. OTHER	ony, which immediate stating the ause last. SIGNIFICANT C	DUE TO, OR (c) ONDITIONS COI	ACUTE AS A CONSEQUE NTRIBUTING TO D TON FOR WHICH O	NYOCA NCE OF BEATH BUT NO	OT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
A CERTIFICATION	gave rise to couse (a), sunderlying of PART 2. OTHER 19a. DATE OF OP 71a. ACCIDENT WA OR CONTRIBUTING	any, which immediate toting the ause last. SIGNIFICANT CO ERATION SUNDERLYING	DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M	ACUTE AS A CONSEQUE NTRIBUTING TO D TON FOR WHICH O	NCE OF BEATH BUT NO OPERATION V	DT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
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	PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHEY 21d. INJURY OC.	any, which immediate toting the ause lost. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER; CURRED TWHILE TWORK	DUE TO, OR [b) DUE TO, OR (c) ONDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME. STREE	AS A CONSEQUEINTRIBUTING TO DISTORTING TO DISTORT WHICH OF INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	NCE OF NCE OF DEATH BUT NO OPERATION V Y YEAR 19 21	OT RELATED TO THE TERM WAS PERFORMED TO HOW INJURY OCCURE IT. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES IN CERTIF YE JURY IN ITEM 18. P	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO
	PART 2. OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d. IN JURY OCC WHITE AT WORK 22a. I certify the	any, which immediate toting the ause last. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER! CURRED T WHILE COUNTY It (I) (this hospit	DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE	AS A CONSEQUEINTRIBUTING TO DISTORTING TO DISTORT WHICH OF INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	NCE OF NCE OF NCE OF PEATH BUT NC OPERATION V Y YEAR 19 21	OT RELATED TO THE TERM VAS PERFORMED IL HOW INJURY OCCURE II. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO C	20b. IF YES IN CERTIFY YE JURY IN ITEM 18. P	S, WERE FINDING CAUSES S ART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO
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IMPORTANT: If them 21 is marked ar Item 18

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H	REG. NO.	30080
. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MON	ITH DAY YEAR 26 HOUR
CLARE	NCE E.	PHILLIPS	1	2 19 81 P. A
). SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	03 18 YEAR 2	3 58	MONTHS DATS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUNTR' U.S.A.	MARRIED W NEVER MARRIED WIDOWED DIVORCED	A ATATES A TATEATATE	
HANOVER	(IF NOT IN SUCH FACILITY, GIVE STRE 7158 RIDGE	ROAD	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO TRUCK DRIVER	126 KIND OF BUSINESS OR
MARYLAND 13b. COUR	VTY 13c. CITY OR TO	ER 13d INSIDE CITY LIMITS:	7158 RIDGE R	OAD, 212076
4 FATHER'S NAME FIRST GEORGE	MIDDLE LAST PHILI	IS. MOTHER'S MAIDEN FIRST ROSIE	NAME MIDDLE	DORMAN
60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
NO	214-12	-1633 GEORGIA R.	PHILLIPS 7158	RIDGE RD. HANOVE
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190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I ORPART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	21f LOCATION STREET	CITY OR TOWN	C OUNTY STATE
saw the deceased alive an	tal) attended the deceased from 12 - 19 - 1) view the bady after death.	0 -	on death accurred on the date a	nd hour and from the causes stated
22b. SIGNATURE	Kelm	DEGREE ATTENDING PHYSICIAN		224. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE O		22e ADDRESS 2717 HAMMO	ONDS FERRY ROAD	

BP.

TO FUNERAL DIRECTOR: After should be detached with the State Dept.

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 12-22-81 23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL

23d. LOCATION BROOKLYN PK.

COUNTY A.A. MD.

BURTAL 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 2a. DATE KNOWN HTMOM 2b. HOUR (TYPE OR PRINT) OF GEARE A. DEATH MATED 419 5 4. RACE 6. AGE (IN YEARS | IF UNDER) YR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 26 18 63 DEAD 11 YRS 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED . DIVORCED MARYLAND U.S.A 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) LINE WORKER PEANUT SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BUTTER CO. 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 910 VICTORY AVENUE BROOKLYN PK. MARYLAND NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LAST 20 ROSS **EMORY** WISNER MINA A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** 21223 (YES, NO, OR UNKNOWN) 609 S. PAYSON STREET 218-09-6018 WILLIAM O. RIEHL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) AP ROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] NO D TO BURIA 3 SHOULD DE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 218. PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion DIRECTOR: TH, WITH THE death resulted from Suicide Homicide Undetermined monner TITLE (SPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA DATE 12.14.81 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CITY OR TOWN COUNTY MARYLAND LOUDON PARK BALTIMORE CITY BURIAL 12-18-81 BP. 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 **DHMH-17** ADDRESS (VR A15 ME (5)) 4107 WILKENS AVE HUBBARD FUNERAL HOME. INC. 15M 7/77

STATE OF MARYLAND

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A. Alan Seitz Funeral Home 3818 Roland Ave.

FOR

DECEMBER 10, 1981 IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** ANNE ARUNDEL COUNTY 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1217 Roland Heights Ave 21211 Earl Zanone-1217 Roland Heights Ave APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2b. HOUR

7:45

IF UNDER 24 HRS

STATE

STATE

HMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO LAST . DECEASED NAME 20 DATE OF DEATH 2b. HOUR STYPE OR PRINTS RICHARD A. POSNER DECEMBER 16, 1981 10:30 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male March 24, 1904 White Ta. BIRTHPLACE A STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED ANNE ARUNDEL COUNTY DIVORCED [D. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR Steel IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE GLEN BURNIE NORTH ARUNDEL HOSPITAL Foreman 136 COUNTY Pasadena 7625 Bay Street Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Goldie Grossfeld Camuel Posner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 212-05-7690 Mrs. Charlotte Di Gennaro 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, it ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygier 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on, _, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 500 Empire Towers 7300 Ritchie Hwy. CONSTANTINE J. PADUSSIS. M.D. Glen Burnie, Maryland 21061 23g. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 12/19/1981 Glen Haven Mem. Pk. Glen Burnie, A. A. Md. Burial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 75h DHMH - 16 50M 1/81 (VRA 15, 4) Glen Burnie, Md. Raymond C. Fink

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STATE OF MARYLAND

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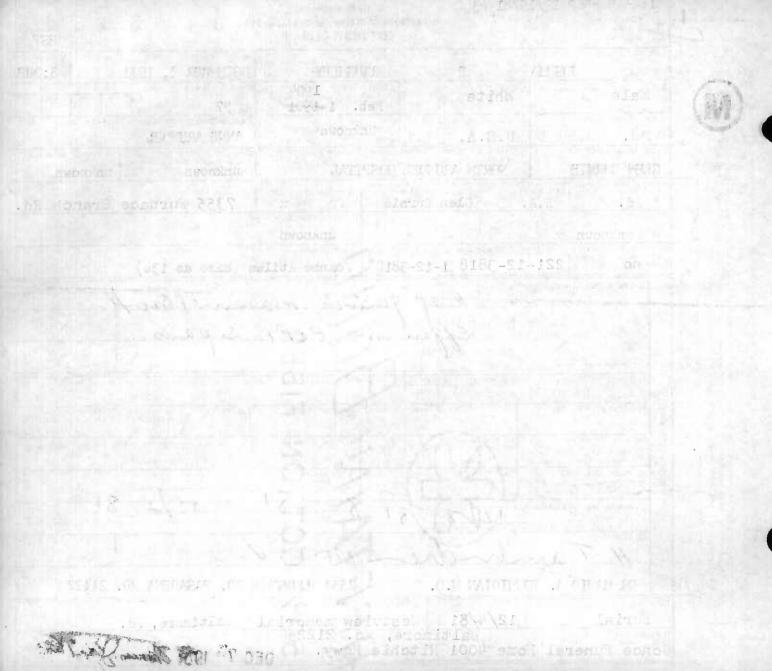
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IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E S FOR YOUR FILES. TW. WITHIN 72 HOURS	Fe b	COUNTRY)	nd -	71 5	A	MARRIED	MEVER MARRI	ED 📙	C. ARUN	. ,	MD.
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN DRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND THEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. REJ. EUSED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOUL OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRED JRIAL, CREMATION, OR REMOVAL.		VAS DECEASED EVE ES, NO, OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAR)	FORCES? OR DATES)	2-17-09-	17 NO. 17	INFORMANT	Famil	ADDRESS	cords	
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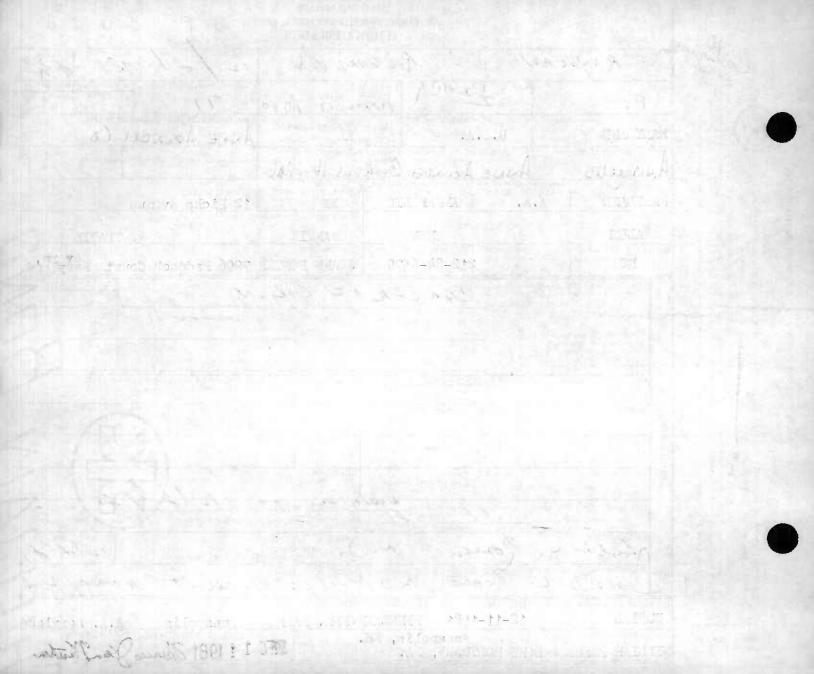
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Item 5 g562 12/15/81 gi

REGISTRAR



10	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8	30088
despt 3	1. DEG	CEASED NAME ORPRINT) A LEIRST	V MIDDLE RICH	AND SON	20. DATE OF DEATH	AONH 1981 Ph. M. M.
and A ma	3. SE)	F.	2 AND MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
W) 34	MA	RTHPLACE (STATE OR FOREIGN	U.S.A. WIDOWI			indel Co MD.
1 1 53	Aa	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET AGRESS) HULE ACUNDEL GENERAL	1.1 11	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
of St. In	MA.	DATE ANDRE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY A. ANNAPOLIS	13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NAM	12 Hicks A	venue
2 42			MED FORCES? 166 SOCIAL SECURITY NO.	ANNIE 17. INFORMANT	MIDDLE	TRAVIS
be eve on ond be eve		ES, 1908 UNKNOWN) (IF YES, GIV	212-84-6579	JOANN FOSTER		0.000.000
requires that the death certificate in signed by the attending physical. Then please remove corbanisation, or remaval. injury, or other traumatic event, the	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DBY: DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN		ITION GIVEN IN PART 110
The low ricion. te has bee risi permit. Silows only	CERTIFICATION	19a. Date of operation	195. CONDITION FOR WHICH OPERATIO		20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DING PHYSICIAN; The or ottending physicial After this certificate eas the buriol-transit although and Mental Hygis marked or Item 18 sh	MEDICAL CE	11a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCÜRRE 211. LOCATION STREET	CITY OR TOW	
1 OR ATTEN the haspital 1 DIRECTOR: stacked for us e Dept. of He		saw the deceosed alive on	1) view the body after death.	DEGREE	medical staff	te and hour and from the causes stated 22c. DATE SJGNED AN
CO HOSPITA eteined by TO FUNERA should be de with the Stat)	DONNE (TYPE OF	PROPRINT DOORE, M.D.	112 ChTHe		
BP	Bt	urial, cremation, removal JRTAL	12-11-1981 PINELAW	N MEM. PARK	23d LOCATION CITY OR TOWN Annapolis	
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	Annapolis, Md	25a. DATE	1 1 1001	Sb. REGISTRAR'S SIGNATURE



is certificate has been signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filed

should be detoched for use as the burial-transit permit. Then please remave corbonpope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRA	R		CERTIF	ICATE OF DEATH	REG. N	١٥.		E.S.
I. DECEASED NA	NELLIE NELLIE	B.	RIN	GLER	DECEMBER		81	26 HOUR 4:45
3 SEX	Temale 1	RACE	5. DATE O	1. 25, 1895	6. AGE (IN YEARS LAST B	_	IF UNDER I YEAR	IF UNDER 24 HR
70. BIRTHPLACE		CITIZEN OF WHAT COUNTRY	Y2 8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY		,
GLEN B		NAME OF HOSPITAL, NURS (IE NOT IN SUCH FACILITY, GIVE STRE NORTH ARUND)	SING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaken	OF WORKING LIFE		OF BUSINESS C
Maryland	1 136 COUNT A.A.(THER INSTITUTION, GIVE RESIDENCE BEFI Y O Brooks	WN @	13d. INSIDE CITY LIMITS? YES NO (1)	130. SIREET ADDRESS 220 W.Me		L. Brooi	klyn Pa
	oage -	DDLE LAST	e	15. MOTHER'S MAIDEN NA	MIDDLE A.		Butl	
160 WAS DECEAS	SED ÉVER IN U.S. ARMI NOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-52.		Mrs. Anne Hu	rley, Same a		e	
gove rise couse (o underlying	if any, which to immediate stating the cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) INDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	NDITION GIVE	N IN PART 1	0)
19a DATE O	FOPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING THE CONTROL OF DEATH HOTHER MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT 1 OR PART 2)	
AT WORK		(AT HOME, STREET, EACTORY, OFFICE		STREET 19	CITY OR TO		COUNTY	that (1) (we) le
sow th	e deceased alive an_ (l) (we) (did)/did not)		, or	od that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [date and hour		couses stated
	ARC A KAPI	AN, M. D.		22e ADDRESS 7845	OAKWOOD ROABURNIE, MAI	AD. SUI	TE 200 21061	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

Burial

FOR

24 FUNERAL DIRECTOR Mc ully Funeral Home, 237 E. Patapsco Ave. Balto.

23b. DATE

Dec.

edar Hill (emetery

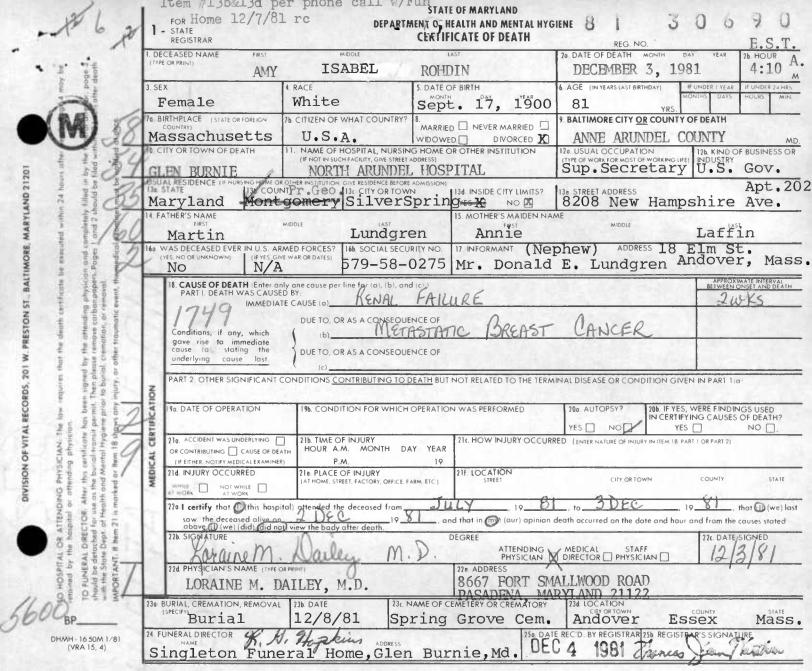
23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Battimore,

etery Baltimore, COUNTY Baltimore, Paryland 150. DATE REC'D. BY REGISTRAN 256. REGISTRAN 150. DATE REC'D. BY REC'D.

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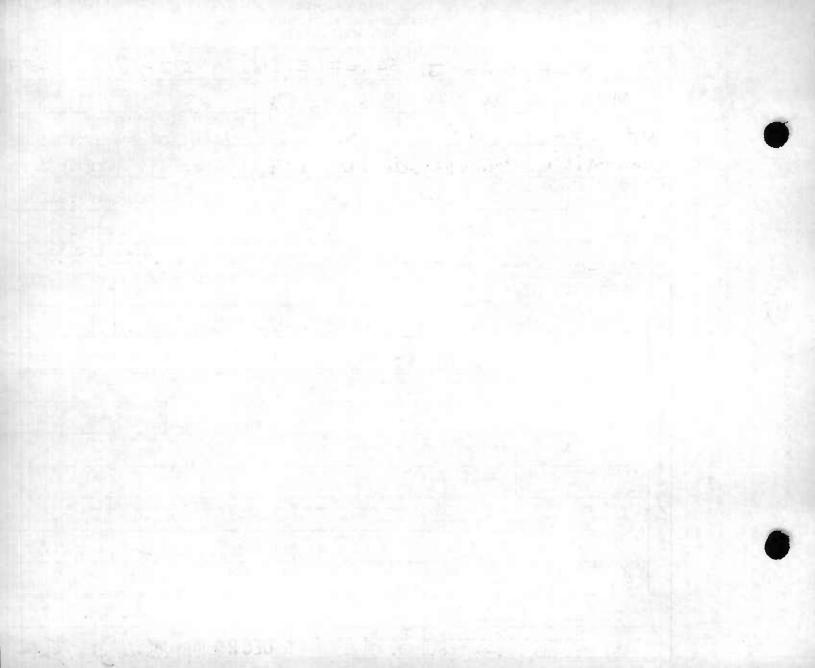
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2n. DATE OF DEATH (TYPE OR PRINT) **JAMES** M. RIPERT DECEMBER 1 1981 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male 1905 Feb 20 Caucasian 76 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA ennsvlvania ANNE ARUNDEL COUNTY DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
NORTH ARUNDEL HOSPITAL INDUSTRY GLEN BURNIE Carpenter Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Glen Burnie 136 COUNTY 13e STREET ADDRESS
147 Carroll Road 13d. INSIDE CITY LIMITS? MD AA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Margaret Neenan Rupert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 191-07-2262 Martha Rupert, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSPOLIENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 rescon 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (I) we) (did) (did not) view the body ofter deoth DEGREE 22c. DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 234 PHYSICIAN'S NAME THE OWNER TOWERS 7300 RITCHIE JAMES J. BENJAMIN, M.D. GLEN BURNIE, MARYLAND 21061 230. BURIAL, CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Burial Glen Haven Mem.Pk 4 Dec 81 Glen Burnie 24. FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie. MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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E. E. Har Benen Your tenner	3 .			sfarti.		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) CHO 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR 1-5EX MALE HITE BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN Anne Arundel County 120 USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME TYPE OF WORK FOR MOST OF WORKING LIFE Barber Shop DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 COUNTY Baltimore 13e 4332 Shamrock Ave.21206 Marvland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mary MIDDLE Scurto Salafie Samuel 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Nicholas Salafie, Jr. Valley 215-03-7499 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 216 TIME OF INJURY None 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) TIE PLACE OF INJURY WAS 21f LOCATION P CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 5 Aim. 12/24 19 81 saw the deceased alive on A.M. 1-129
above, (I) (we) (did) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 22b. SIGNATURE MEDICAL ATTENDING should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23g, BURIAL, CREMATION, REMOVAL STATE Baltimore, Md. (SPECIFY) 12/28/81 Holy Redeemer Burial 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS Chimunek Funeral Home, Inc. DHMH - 16 60M 1/75 (VR A 15 (4)) Brehms La.-Balto., Md. 21213



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 28. DATE OF DEATH MONTH (TYPE OR PRINT) December 7, 1981 John Scannello . Frank 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS White 1899 Male April 1, BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY) U.S.A. Italy ANNE ARUNDEL COUNTY. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126, KIND OF BUSINESS OR INDUSTRY Groc-(TYPE OF WORK FOR MOST OF WORKING LIFE)
Self-Employed GLEN BURNIE VERNON AVENUE ery Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY Glen Burnie 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MD. A.A. 200 Vernon Avenue NOT 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (unknown) Franceso Scannello Lititia In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (Wife) ADDRESS Same as # 13 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 213.07.1374 Mrs. Margaret M. Scannello No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0), Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 161 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 6 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detained with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 000 236. DATE Dec. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Burial St. Stanislaus Cem. Baltimore, MD. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO Glen Burnie, DHMH - 16 50M 7/77 Singleton Funeral Home (VRA 15 (4))

Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1 - STATE REGISTRAR	1 - STATE								
	1 DECEASED NAME FIRST (TYPE OR PRINT) Chris	E Senior			20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 3.15 M					
	3. SEX Female (4. RACE)		nite S. DATE C		F BIRTH - 15 - 2 YEAR 3	6. AGE (IN YEARS LAST BII		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
1	maryland U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF CIPPOTINS		WHAT COUNTRY? 8 MARRIE WIDOWE		NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundol (H MP	
1			HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) Arundel General			120 USUAL OCCUPATION 12b. KIND OF B (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS OR	
di co	USUAL RESIDENCE (IF NURSING HOM 130, STATE 13b, CC Mdaryland A. 14. FATHER'S NAME	E OR OTHER INSTITUTION		SION)	YES NO	13e. STREET ADDRESS	ake_Ct	Md. D	- M. V.	
	John	MIDDLE	Orman		15 MOTHER'S MAIDEN NAM	WIDDLE		Abernathy		
	16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	166. SOCIAL SECURITY NO. 17 INFORMANT 217 14 3681 Frank J. Sen			or (same a			1		
	Conditions, if ony, which gove rise to immediate couse o , stoffing the underlying couse ost								IMATE INTERVAL QNSET AND DEATH	
-40%	PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONTRIBUTING TO DEATH			200 AUTOPSY? YES NO	IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CAUSE OF DEATH HOUR		DFINJURY .M. MONTH DAY YEAR .M. 19		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P		PART 1 OR PART 2)		
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ET		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
	220.1 certify that (1) (this has sow the deceased alive above, (1)	on 12/15	/8/	, onc	d that in (my) (our) opinion d	eoth occurred on the d	ote and hour		that (I) (we) last causes stated	
	77% SIGNATURE de	met	0	D	EGREE			22c. DATE	SIGNED	

22e. ADDRESS

23a. BURIAL, CREMATIO (SPECIFY)
Burial 23b. DATE

12/18/81

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

24. FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

18 shows ony

MPORTANT: If Hem 21 is should be detached fo with the State Dept. of

BP.

Cedar Hill Cemetery George J. Gonce, 4001 Ritchie Hgwy., Baltimore, Md.

S. A. A. Co. Maryland - Marth.

Christine E Secure 2-15-23-1

STATE OF MARYLAND

AND CURRIED Steels Shook IT & LASTER WAS A Temale White 6 124106 To Tall A Separate Lange Port A Town A Separate A Se PANDERS MIL PANE HELL STREET HOUSE IN MENTED Marie 99 allemana produced from Sand State of the Production

1.5	STATE OF MARYLAND	
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 0 6 9 7
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	0.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN S	MONTH DAY YEAR 26 HOUR
130,	LORING OSWALD SHOOK DEATH MATED	12 23108/ Am
3. 5	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 1)F UNDER 24 HRS. 24 DATE	MONTH DAY YEAR 2d. HOUR
1/	MONTH DAY YEAR UST BIBARDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	12 23 1981 AM
70		OR COUNTY OF DEATH
1	FOREIGN COUNTRY) MARRIED IN NEVER MARRIED I	M
10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TY	TRUNDEL MD.
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAD, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TY) (IF NOT IN SUCH FAMILITY, GIVE STREET ADDRESS)	PE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY
1/	HNNAPOLIS 2806 CARROLTON RD. NAVAL OFFIC	CER DEFENSE
US 13a	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 136. CPUNTY 137. CPUNTY 138. STREET ADDRESS 139. STREET ADDRESS	. 7
)	136 SPUNTY CO. 136. CON OR TOWN YES NO 136. SPREET ADDRESS AR	ROLLTON KI
14:	FATHER'S MAME	
	William FANDLIN STOK MIDD FMODLE	KOOTTOLSAN
160	B. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 10 PRIMARY ADDRESS	CAR I THEOLO
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	hat #13
H	LE STORE OF	DON
	18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY:	MINER CHIEF AND DEATH
	IMMEDIATE CAUSE (LINE WAS EVALUE & S	Muden
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a) stating the <u>under-lying</u> cause lost. DUE TO, OR AS A CONSEQUENCE OF	
	rying coose lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In	
2		
15	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1 2		VEC (1) NO (1)
CEPTIEICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER MATURE OF INJURY IN ITEM 18	PART LOR PART 2)
	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET CITY OR TOWN STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	
	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . or	nd in my apinian
1		и ту артап
	deoth resulted fram: Northal causes . Accident ., Suicide ., Homicide . Undetermined monner .,	
	ACTUAL (SPECIFY)	DATE /7-28-81
1	SIGNATURE M.D. LEPUY MEDICAL EXAMINER	SIGNED 12 23-61
1	EXAMINER'S NAME & /	1 110
-	(TYPE OR PRINT) C. A INHARDI ADDRESS (HESAPEAKE HU.	HUN AD 110
230	BORIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	CONTA I AM
230	SURIAL 12/26/8/ LAKEMONT DAVINSONUTH	e AA HD
230	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REG	E CONTA HOS
270	FUNERAL DIRECTOR PRODUCTION AND PROD	STRAT'S IGNATURE

4 25 7/ 4 A CHARLES STREET, WITH THE SHARE STREET, STREET, STREET, STREET, AND SOLL SERVING THE WAR THE SERVING TO SERVING THE RES But and water as I amend BEEF THE CONTRACTOR Will represent to the second of the second Miles certificate has been signed by the attending physician mini-tronsit permit. Then please remove corbon papers. F

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic

a rector, page 3 hours after death

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	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG		, NO.	0 0	9 8 E.S.T.
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	H MONTH E	DAY YEAR	26 HOUR
		ROMA	INE	Eileen	SI	HOVER	DECEM	BER 3.	1981	6:40Am
	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	100	EMALE	WHI	re	JUL		64	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
2		IARYLAND	U.S.		WIDOW	DI DIVORCED	ANNE AR	RUNDEL C	COUNTY	MD.
7	0.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR
4		SLEN BURNIE	I N	ORTH ARUI	VIDEL I	HOSPITAL		Asst.		.Office
E	13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	NTY	GLENBU	N	136 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRES		EY ROA	AD
1	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDU			
Z		JOSPEH	Model	FISHE	.2	BESSIE			MY	ERS
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESM111	ersvil	le, Md.
			A	217-01-	-1629	MR. WILLIA	AM A. FI	SCHER	(SON)	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane couse per ED BY: TE CAUSE (a)	light (a), (b), and	rater	y Amert.			APPROXIA BETWEEN O	MATE INTERVAL
		4380 Canditions, if ony, which	DUE TO, O	AS A CONSEQUE	NCE OF	Colmetive	Pul	nous	anne	
	-	gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEQUE	ME OF	certine le	ort Fai	lure		
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVI	EN IN PART 110	3
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	n was performed	200. AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	AIR	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		NJURY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
		220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE		-13/ 100		d that in (my) (aur) opinian a	, to	2-1,3 e date and haur	and from the c	
		110.0.00	48.5			DEGREE			22c. DATE S	HONED \

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS ROAD 21061

CYRIAC, M.D. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
BURNIE

A.A. MD.

23a. BURIAL, CREMAT BURIAL DEC'81

GLEN HAVEN

24 FUNERAL DIRECTOR FUNERAL HOME, GLEN BURNIE, MD

MEM.PK. C

DHMH - 16 50M 1/81 (VRA 15, 4)

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Item 6 G 503 1/6/32 GAB

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injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 -	STATE REGISTRAR			DEI A		ICATE OF D	DEATH		EG. NO.	0 0	E.S.T.	
		CEASED NAME	FIRST	٨	AIDDLE	k	AST		20 DATE OF DE		DAY YEAR	26 HOUR	-
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	3 SEX	X		4 RACE		5. DATE C	F BIRTH	1914	6. AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YE		_
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-		RTHPLACE (STATE OF FO	OREIGN	Th CITIZEN OF	WHAT COUNT	RY? 8	D NEVER	A A DDIED	9. BALTIMORE	ITY OR COU	NTY OF DEATH		_
5		Maryland	2		USA	WIDOWE		VORCED	ANNE AR	UNDEL (COUNTY	M	D.
- 1	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NUI	RSING HOME C	OR OTHER INST	TITUTION	120 USUAL OCC			OF BUSINESS O	R
4	GI	LEN BURNIE		NORTH A	RUNDEL	HOSPIT.	AL		Securit	y Guari	2 INDUST	K I	
5	Mai	AL RESIDENCE (IF NURSI TATE, ayland	134 COUN		13, GMY OR T	OWN	13d INSIDE C	ITY LIMITS?	134 STREED ADD	ress	Beach 9	Road	
	14. FA	THER'S NAME		AIDDLE	e e 1453	CHI HIE		S MAIDEN NAM		DDIE			_
0		Stephen			Skirk	a	(0	therine	2	DIE	4	nknown	
	16a V	VAS DECEASED EVER I		WAR OR DATES)	215-01		Mr. Wi		Skinka 2	statene 52 Tei	nessee	21122 Avenue	
		18 CAUSE OF DEATH			line for (a), (b)), and (c)	4.1					OXIMATE INTERVAL EN ONSET AND DEATH	=
		PART I. DEATH W		D BY: E CAUSE (0)	CONG	-ESTIV	EH	EART	FALLL	RE			
		4280			R AS A CONSE	OUENCE OF					150		
Ħ		Conditions, if ony,		(b)_					7.5		1 1 1 1		
		gave rise to imm cause (a), stating	g the	DUE TO, OF	R AS A CONSE	OUENCE OF					5-175		
		underlying couse	fost.	(c)_									
	7	PART 2 OTHER SIGN	IFICANI C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OF	CONDITION	GIVEN IN PART	1101	
	CERTIFICATION	NO	vue										
2	FICA	190 DATE OF OPERAT	111	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	200. AUTOPSY	20b. IF	YES, WERE FIN	DINGS USED OF DEATH?	
9	RTII	1000	rce	10	177		Tas money		YES NO	Y-3	YES	H NO 🗆	
1		210. ACCIDENT WAS UNDI		11 HOUR A.		DAY YEAR	ZIC HOW IN	IJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART I OR PART	2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC				19							
	MED	21d. INJURY OCCURR		21e. PLACE (OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATIO		CII	Y OR TOWN	COUNTY	STATE	
		AT WORK AT WOR	К				120	81		220	201		
		22a.1 certify the (1)		ol) ottended the					, to	0-00	1901	., that (1) we) to	51
		obove, (I) (we) (d	id) did not	view the body	ofter death.		Car.	(our) opinion a	leath occurred on	the dote ond			_
		Thim	no	m. Wo	ash.	MD		ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF HYSICIAN	120 DA	1 - 29 - 8	/
		22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRES	5269 PE	NISULA F	ARM RO	AD	ulbu. Ni	
		THOMAS V	VALSH	M.D.			BROADN		DICAL CE	NTER A	RNOLD, I	MARYLAND	
	230 B	BURIAL, CREMATION, P		12/31/	81 2	Woodlan	EMETERY OR O	REMATORY	23d. LOCATIO		COUNTY	21012	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL

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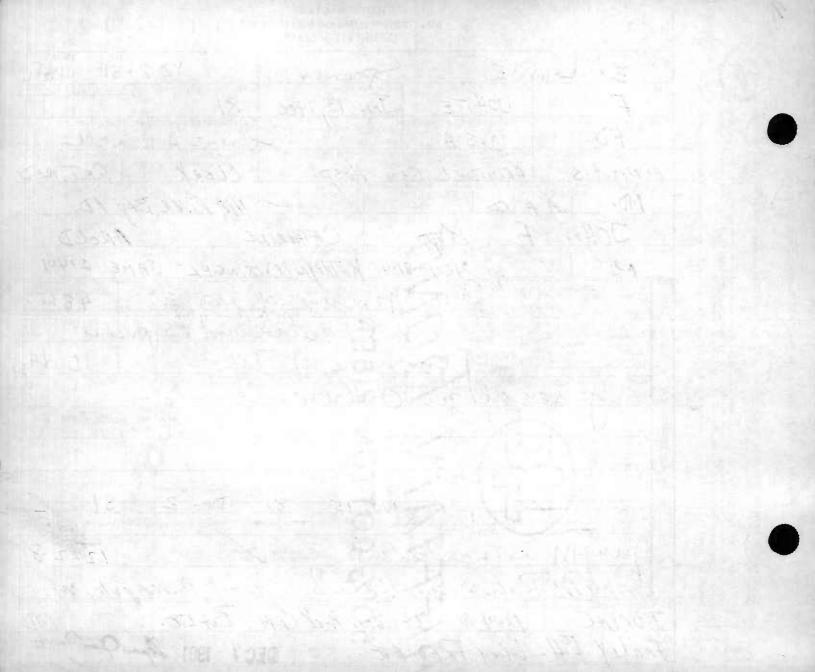
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI **DECEMBER 17. 1981** 4:30 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR DAYS HOUR5 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY CON-INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR Sheet Metal Worker structio 1005 Cliff Pl. Fisher ADDRESS same as 13 e APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF CIVILLE OVA SCULAR ACCIDE TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 8667 Fort Smallwood Road Pasadena, Maryland 21122 Baltimore, Maryland STATE 12/21/81 Burial Meadowridge Mem Pk 24 FUNERAL DIRECTOR Balto Md. 21225 George J. Gonce 4001 Ritchie Hgwy

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

etained by the haspital or attending physicion.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	I. DE	CEASED NAME OR PRINT)	GEORG:		MIOOLE	SPRIG	GS , Sr.	20. DATE OF DEATH	MONTH DAY	8/	26. HOU
1	3. SE MA	x LE		RACE NEGR	0	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER
br	70 B	RTHPLACE (STATE OR I	FOREIGN	CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY O		
54		ITY OR TOWN OF DE	ATH	11. NAME OF			OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	126. KIND C	OF BUSINE
35	13a. 5	AL RESIDENCE (# NUR STATE RYLAND	SING HOME OR	TY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS P.O. BOX	42		
20	14. FA	ATHER'S NAME FIRST SOLOMO		NDOLE	SPRIG	GS	15. MOTHER'S MAIDEN NAME FIRST CATHER	MIDDLE		HARRIS	st 5
		WAS DECEASED EVER		AED FORCES? WAR OR OATES)	219-32-6		17. INFORMANT MARGUERITE RI	DGLEY P.O.		Md.	mate Inter
		Canditions, if any gave rise to im cause (a), stati	mediate	(b)	R AS A CONSEQUE	100	atic Co	Duaric	/		
200	z	gave rise to im cause (a), stati underlying cause	mediate ng the e last.	(c)	R AS A CONSEQUE	NCE OF	DI SELA NOT RELATED TO THE TERM	SP INAL DISEASE OR COM	DITION GIVEN	IN PART 1(O)
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949	MEDICAL CERTIFICATION	gove rise to im couse (a), stati underlying couse (b). Stati underlying couse (b). DATE OF OPERA (c). ACCIOENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEOK 21d. INJURY OCCUR	mediate ng the e last. NJF ICANT CI ITION COERLYING CAUSE OF GEAL CAL EXAMINER)	ONDITIONS CO 196. COND 216. TIME C HOUR A. 216. PLACE	R AS A CONSEQUE DISTRIBUTING TO D THE TOTAL	DEATH BUT OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES	206. IF YES, V IN CERTIFYII YES	VERE FINDI	NGS USE
9		gove rise to im couse (a), stati underlying couse (b), stati underlying couse (b). The sign of the sig	mediate ng the e last. N/FICANT C TOTAL T	In time C HOUR A. P. 21b. PLACE (AT HOME, ST	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH OF INJURY M. MONTH DAM M. MOF INJURY REET, FACTORY, OFFICE, F	NCE OF OPERATIO	216. HOW INJURY OCCURS 216. LOCATION STREET 7 7 19 — and that in (my) (our) apinion of	200 AUTOPSY? YES NO CITY OR TO CITY OR TO , to CT	20b. IF YES, V IN CERTIFY!! YES RY IN ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USES OF DEAT NO [
		gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b). PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIOENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL TOWN AT WORK AT WOR	mediate ng the e last. N/FICANT C IOERLYING CAUSE OF GEAT CALEXAMINER) RED WHILE CAUSE OF GEAT CALEXAMINER) (IT this haspitted of the condition of the con	ONDITIONS COND 196. COND 216. TIME C HOUR A. P. 216. PLACE (AT HOME, S1) View the body	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH OF INJURY M. MONTH DAM M. MOF INJURY REET, FACTORY, OFFICE, F	NCE OF OPERATIO	21c. HOW INJURY OCCURE 21f. LOCATION STREET And that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO , to CT	20b. IF YES, V IN CERTIFYIT YES RY IN ITEM 18, PART WN 19 Ste and haur a	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USES OF DEAT NO [
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Annapolis, Maryland MORTUARY, P.A. (VR A 15 (4)) 9/74 REESE & SONS

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	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTM	NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. NO.	30/06
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(A)	3. SE	-710	RACE / 1	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)		Male	White	12 2 20		
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outs be	14	ATE GALLA	HITUTION GIVE RESIDENCE BEFORE A 13 PETTY OR TOWN BOZEMA	113d. INSIDE CITY LIMITS?	132 STREET ADDRESS EST	Babcock St.
1002	14 F	THER'S NAME OF A	Stern hage	en Beulz	MIDDLE	Manniast
See and S	16a \	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SECUR 2/3-28-4	786 Elizabet	4 J. Stern hage	
g physica bon papers removal.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		diognic:	sluck.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d by the leose remial, cremial, cremo		cause (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUEN	in Athers cle	WOTIC HEAVE	DISEASE
signer Then pl to buri	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
beer prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
certificate has rial-transit per ental Hygiene per tem 18 shows of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	.18 PART 1 OR PART 2)
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After thise os the balth and a	1	WHILE NOT WHILE AT WORK		121 1911	12/1	19 1, that (1) (ve) last
		22a certify that (1) this hospital saw the received dive on well did did nat		, and that in (my (our) opinio	n death occurred on the date and	, I/, Illal (II) are least
DIRECTOR DIRECTOR DEPT.	13	17h SIGNATURE	P	DEGREE		22c. DATE SIGNED
Stod Stod		THE PHYSICIAN PHAME (TYPE OR	PRINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1 10 1110 1
TO FUNERAL should be de with the State with the State MPORTANT:		beokge	(-)AMARIA	3 205 1	edgely H	ve. HONA-M
BP	330 B	BURIAL, CREMATION, REMOVAL	112 / (11	AME OF CEMETERY OF CREMATORY	Bosema as G	DE MAY OUT.
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FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

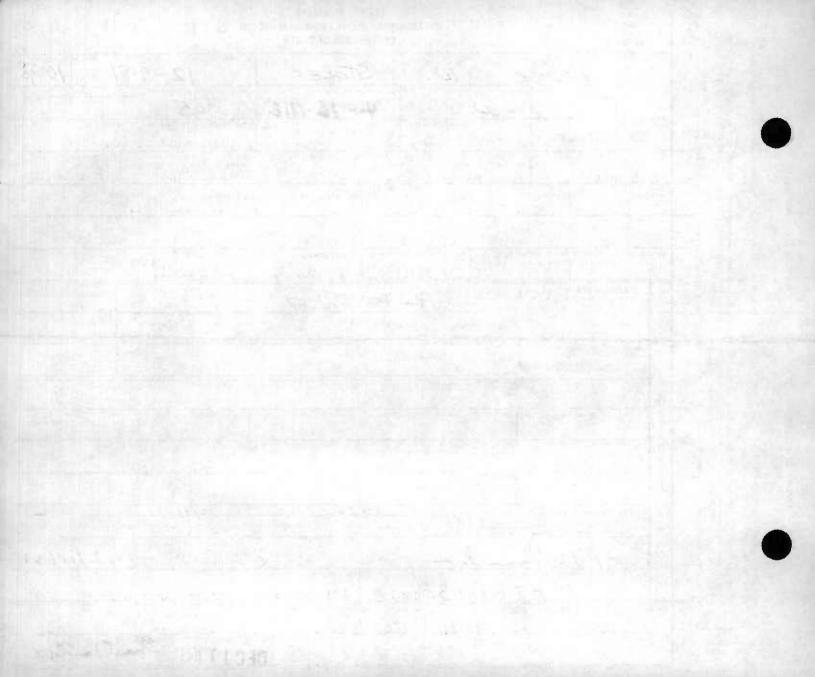
1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME	FIRST	•	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	0
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		18 CAUSE OF DEATH	H Enter on	ly one couse per	line for (o),	(b), and (c)	150-		E OL	BETWEEN	MATE INTERVAL	н
4		PARTI DEATH W		E CAUSE (o)	01	J 1310	EAST					
I		1749		DUE TO, O	RASACON	ISEQUENCE OF						
	31	Conditions, if any,		(b)								
		gove rise to imm cause (a), statin	g the	DUE TO, O	R AS A CON	ISEOUENCE OF						
		underlying couse	lost	(c)								
	7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION GA	VEN IN PART 10	0 '	
	TIO		- 538									
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
4	RTIF							YES NO		ES 🗌	NO 🗌	
3		210. ACCIDENT WAS UND		1 216. TIME O HOUR A.		H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)		
I	CAI	(IF EITHER, NOTIFY MEDIC	AL EXAMINER) P.		19						
1	MEDICAL	21d. INJURY OCCURE		21e. PLACE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WOR	ILE L									
		22a l certify that (1)		/ -	edeceased	, , ,	, 17	, to/2/9/	×/		that (I) (we) la	ost
		sow the decease above, (1) fwel-(c	d olive on lid) (did ao	t) view the body	ofter death.			on death accurred on the de	te and hou			
		22b. SIGNATURE	.00)	0		DEGREE ATTENDING	A MEDICAL STAR	c	220 DATE	SIGNED	
	0.9	11/1	JOHN	m-	h-		PHYSICIAN			14	10/81	
1		22d. PHYSTCIAN'S NA	AME (TYPE O	11.72			22e ADDRESS					
¥			WA		$\sqrt{\ }$	Stanley	121 Cathed	lral Street,	Annap	olis,MD	21401	
		SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	11.1	Burial		12-1	3-81	William		Colombus			NC	
	24 FU	JNERAL DIRECTOR			ADI	DRESS	25a. C	4 4 4001	25b. RC 25	TRAR'S SIGNAT	URE	
		Handostu	Funon	al Home		Annanali	s Md	DEC 1 1 1981	1 100	The Marie	1 as Clan	

Annapolis.

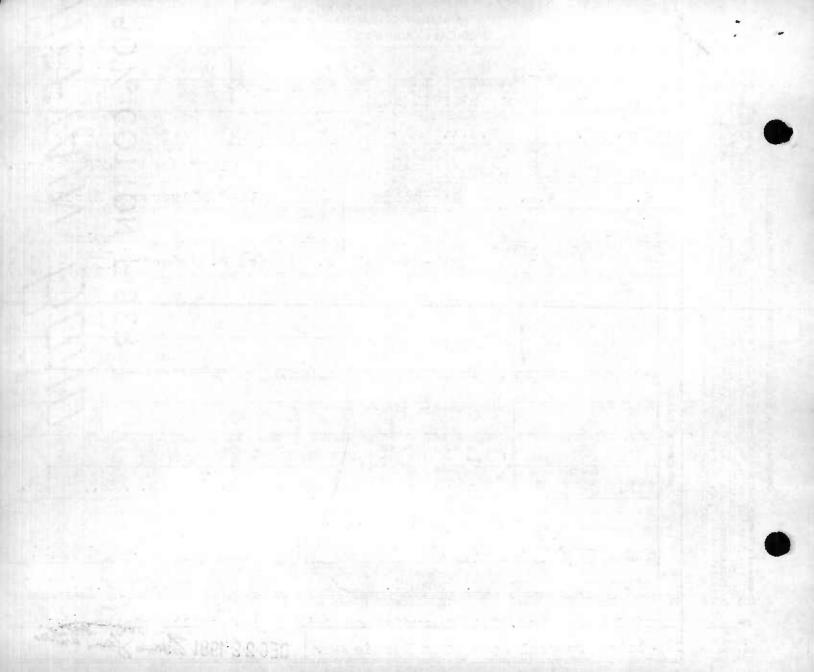
DHMH - 16 50M 1/81 (VRA 15, 4)

Hardesty Funeral Home

BP.



A	41-	FOR STATE REGISTRAR	FIRST		DEPARTMENT OF	HEALTH	ERTIFIC	NTAL HY	DEAT		REG. N	_	0 /	0 9
	3. SEX	EASED NAME OR PRINT) 4. RA emale WI RTHPLACE (STATE OF	Patrio	S. DATE OF BIRTH	3,1927 54	AY) WONE	IDER 1 YR. III	F UNDER 24	HRS. 2c.	DATE DATE ONOUNC DEAD		12 MONTH 12	19 198 19 19	1 AR 2d. HOUF 81 4:35
5	Ba	alto. Mo	1.	U.S		WIDOW		DIVORCED		Ann		unde 1	County	У
4		Glen Burn	nie	North	ACILITY, GIVE STREET ADDRESS)	pital		ON	FOR MOS	occupy of worki	NG LIFE)	PE OF WORK	C&P Te	eleph.
5	13a. ST	Id.	A . A	٨.	Annapoli	S				^Sij	verv	wood	Circ	le
10	F	FIRST LIGENE AS DECEASED EVE S NO, OR UNKNOWN)		ED FORCES? AR OR DATES)	Uhlan 166. SOCIAL SECURIT 217-24-3		IS. MOTHER FIRS	sie) Sw	ADDRESS	+ 2M	aylor elrob	
35 1	7	Conditions, if gave rise to couse (a) statilying cause las	MAS CAUSED I IMMEDIATE any, which immediate ing the under- it.	BY: CAUSE (o) DUE TO, OF (b) DUE TO, OF	e for (a), (b), and (c).) [ultiple Inj R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF		GIVEN IN PART 1	(d),				BETWEEN ON	NSET AND DEATH
	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH OPER	RATION W	AS PERFORM	ED?	197				20. AUTOP	SY?
		210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR	21b. TIME O HOUR A.A ATH 2: 03	M9NIH 197/ YEA	21c Ho	w injury o							X 110 E
	144	21d. INJURY OCCU WHILE D NO AT WORK AT	RRED T WHILE 25 WORK	STREET, FACE	OF INJURY (ATHOME, TORY, FARM, ETC.)		ration monds	Evely Ferry	Rd.	TY OR TOWN	A	.A. °8	ориту 50.,	Md .
		22a I certify tho death resulted fro ACTUAL SIGNATURE	1		Accident , Su	Autop:	Hamicid	Inspection [Undeterm	nquiry [ner,	DATE SIGNE		9/81
2		EXAMINER'S NAM	1.		Curred MD			11						27001
7		(TYPE OR PRINT)	T.	ormez R	. Guard, MD.		ADDRESS		23d. LOCA		reet,	Balt	o.,MD 2	21201



death. Page 4 may be

executed within 24 hours

ATTENDING PHYSICIAN: The low

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political

STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYS	GIENE &	REG. NO.	3	0 /	1	U
	CEASED NAME	FIRST		AIDOLE		AST	2a. DATE C	F DEATH MO	NTH DA		25 HOL	JR
		CHARLE	S	E.	T	HOMAS			12 2	25 81	4:22	ZAM
SEX	X	4.	RACE		5. DATE C	MAY YEAR	6. AGE (IN	YEARS LAST BIRTHOA	_	ONTHS DAYS	IF UNDER	AIN.
IA	LE		NEGR	0	3	11 1903	78		YRS.			
IA	RTHPLACE (STATE OR DUNTRY) RYLAND		U.S		WIDOWE		ANNE	ARUNDE	L COU	NTY		MD.
	NNAPOLIS	ATH 11		ARUN DELLEG		AL HOSPITAL		RK FOR MOST OF W		12b. KIND C INDUSTRY	F BUSIN	ESS OR
3a. S	AL RESIDENCE (IF NUI STATE RYLAND	13b. COUNTY		130. CITY OR TOW DAVIDS	N	110 []	13e STREET 2611	ADDRESS Rutlan	d Roa	ad		
	TLLIAM	MID:	DLE	THOMAS	3	15. MOTHER'S MAIDEN NA	AME	MIDDLE	9	TEWAR	ST	
	VAS DECEASED EVE res, no or unknown])	R IN U.S. ARME (IF YES, GIVE WA		212-18-4		17. INFORMANT ESTELLE THO	MAS 26:	ADDRESS			lle,	
	Conditions, if an gove rise to in couse (a), underlying cous	y, which immediate ing the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	205 ENCE OF	TALLE CA	MINAL DISEA	Canlly Nead	ION GIVE	N IN PART I	0) 1	
N	wide melast				OPERATIO		200 AUT			WERE FINDING CAUSES		
CEKIIFICA							YES 🗆	NO.	YES		NO [
CAL CER	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19					21c. HOW INJURY OCCU	RRED (ENTER N	NATURE OF INJURY IN	N ITEM 18, PA	RT 1 OR PART 2		
MEDI	21d. IN JURY OCCUI	WHILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.	21f. LOCATION Anne	Aruna	ELITY OR TOWN	n. Ho	COUNTY	7	HOL.
	22a I certify that (saw the decea abave, (I) (we)			19	9.00	nd that in (my) (our) apinion	deoth occurr	red on the date	and hour	ond from the	that (1) (couses st	
	22b. SIGNATURE	7	201	72	_		MEDICAL DIRECTO	L STAFF R PHYSICIAI	N []	22c. DATE	SIGNED 28	181
	22d. PHYSICIAN'S	AME (TYPE OR PR	INTI /			22e. ADDRESS						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar other traumatic event, the medical 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY MEM. PARK

6

Munsay AATORY 23d LOCATION COUNTY RK Davidsonville A.A. 1250. DATE REC'D. BY REGISTRAR 15d RE

Amoyol STATE

BP. DHMH - 16 25M (VR A 15 (4)) 9/74

12-28-1981 LAKEMONT 24 FUNERAL DIRECTOR
NAME
WILLIAM REESE & SCNS MORTUARY. Annapolis, Md.

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X 2	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.	0/12
w.Jww	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN XX MONTH OF ESTI- DEATH MATED 12-	1-81 ₁₉ 2b HOUR
A STREET ON STREET	3. SEX 4. RACE S. DATE OF BIRTH LAST BIRTHOUNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH TOWN YEAR LAST BIRTHOUN MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 12-	1-81 ₁₉ YEAR 2d HOUR 4:45
S NOR WITH	PR GEO COUNTY) 15. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK	County
F G B F S S	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Annapolis Anne Arundel General Hospital SIZES LERK	OFFICE SUPPLY
一一一一一一	130. STATEMD 13b. COUNTY ARUNDEL SEVERN MD, 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS AVE	21144
DEATH. II GES 1, 2, AND AND 2 S AND 2 S	14. FATHER'S NAME MELVIN GOLDEN 15. MOTHER'S MAIDEN NAME MIDDLE LAST MARY MIDDLE LAST	TER
S AFTER DE GIVE PAGES I AN VISION OF	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AMES TIBBS IR. #1	3
1 24 HOU VITEM 18 VICENE VICENE, OVAL.	18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORDS, 201 W. PREF ULD BE EXECUTED WITHIN "PENDING" IN PENCIL! IF FF MEDICAL EXAMINER. IED AS BURIAL-IRANS HEATH AND MENTAL HEATH AND MENTAL HALL AND MENTAL HALL AND MENTAL HALL, CREMATION, OR REM	Couse (a) stating the <u>underlying</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL REC WARR: THIS CERTIFICATE SHOULD B FLOATE, WRITING THE WORD "PEN F FORWARDED TO THE CHIEF ME F TOR: RAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR, TO BURIAL, CR	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR P	20 AUTOPSY? YES XX NO
CERTIFICATE CERTIFICATE TITING THE WORLD SEP TO THE SEP TO THE DEPARTMEN 1 PRIOR TO B	The contributing Cause of DEATH 12-1-81, driver of auto/auto impact	ART 2)
PIVIS THIS GER WRITIN WARDED PAGE 3.5 FATE DEP	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 1210 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) NGWY. Rt. 178 nr. Crownsv. 178 or. Crow	"Arund Co., Md.
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE SI BATITIMORE, MARYLAND, 3	22a Certify that Look charge of the remains described above, held an Autapsy (M), Inspection (I), Inquiry (I), and in my of death resulted from: Natural couses (I), Accident, (M), Suicide (I), Homicide (II), Undetermined manner (II), ACTUAL SIGNATURE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGN	12-2-81
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell M.D. ADDRESS 111 Penn Street	
BP	230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 12b. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	SIGNATURE.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	JOHN M. TAYLOR SOND HUNAPOLIS MD DEC 1 1981 Thomas	Janellestle

Sat service all the all exect of small and the state of THE MITSLESS AND ANDROUSE MO SECT FOR ANDRONE

V	1	FOR		DEPAR		E OF MARYLAND EALTH AND MENTAL HY	GIENE B	1 3	0 /	1 %
0		REGISTRAR				ICATE OF DEATH		EG. NO.	0 ,	E.S.T.
		CEASED NAME E OR PRINT)	FIRS1	MIDDLE		AST	20 DATE OF DEA	ATH MONTH	DAY YEAR	2b. HOUR
			ANTH		TOS	SKOV	DECEME	Total Control of	981	6:56 A
	3. SE	1111 00		A RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	To B	IRTHPLACE (STATE OR FO	ale	WellWhite	200	ruary 21 19	919 62	YRS.		
RI		COUNTRY)	(EIGN /	TE COUNTRY	MARRIE	D X NEVER MARRIED	9. BALTIMORE C	CITY OR COUNTY	OF DEATH	
2		Maryland ITY OR TOWN OF DEAT	H 1	U.S.A.	WIDOWE		120 USUAL OCC	RUNDEL C		MD. F BUSINESS OR
\$4		LEN BURNTE		(IF NOT IN SUCH FACILITY, GIVE STREEN NORTH ARUNDEL	ET ADDRESS)			MOST OF WORKING LIF	INDUSTRY	Motors
201	ปรบ 13a	AL RESIDENCE (IF NURSIN	SHOME OF C	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)				1 4 .	MO OOL B
100		Md.	Α.	1 0 00 0		YES NO X	10 Wer	dover I	Rd.	
是一个	14. F/	ATHER'S NAME	M	NIDDLE LAST		15. MOTHER'S MAIDEN N		DDIF	tAS	
826		Anton		Tosko		Anna		Do	scher	
dico				MED FORCES? 16b SOCIAL SEC		17 INFORMANT		ADDRESS		434 P
E		Yes		215 09	7148	Bertha K.	Toskov	same a		e
roumotic event,			MMEDIATE	y one cause per line for (o), (b, o) BY: CAUSE (o) DUE TO, OR AS A CONSECT	mes	tim Hier	- Pauli	ù -	BETWEEN	MATE INTERVAL INSET AND DEATH
injury, or other t		couse (a), stating underlying couse	DUE TO, OR AS A CONSEQUENCE (c)		NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIV	EN IN PART 1.		
	NO.	& Cheu		ant conditions contributing to death but not related to the terminal disease or condition given				IN IN PART III		
shows only	CERTIFICATION	19a DATE OF OPERATION	N	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDING CAUSES	
18 s		210. ACCIDENT WAS UNDER		216. TIME OF INJURY HOUR A.M. MONTH E	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE C	OF INJURY IN ITEM 18 PA	ART I ORPART 2)	
r le	MEDICAL	21d INJURY OCCURRE		P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
rked	ME	WHILE NOT WHILE AT WORK		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	cm	ORTOWN	COUNTY	STATE
MPORTANT: If Item 21 is marked ar Item 18		sow the deceased above, (1) (we) (did	alive on_	view the body after death.	- 1	d that in (my) (our) opinion	death accurred an	the date and haur		that (I) (we) last
ZT. # Ten		27b. SIGNATURE	A	nje B. Ram			MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DATE	SIGNED 8
MPORTA		JORGE B.	RAM	IREZ, M.D.	0		OAKWOOD R		TE 205	
-	23a. 8	BURIAL, CREMATION, RE		1 / /-		EMETERY OR CREMATORY	23d. LOCATION	WN	COUNTY	STATE
_	24.5	Burial				Haven Mem I		Burnie		W. Md.
/81		eorge J.	Balto	o Md. e 4001 Ritch	2122 ie H <i>g</i>	wv 250. DA	TE REC'D. BY REGIS	81 CASAC	PAN'S MONATI	- Marie

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. at A filed the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. at A filed the burial Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

etained by the haspital ar attending physician.

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ATTENDING

	1.	FOR STATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH		30/	1 5
	1. DE (TYPE	CEASED NAME FIRST Willia		LAST LYUN HAM, GN TE OF BIRTH ONTH ONT	REG. N. 20. DATE OF DEATH Dec. 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR , 26, 1981	26 HOUR 1 4 5 M IF UNDER 24 HRS HOURS MIN.
33	V	IRTHPLACE (STATE OR FOREIGN POLITY OR TOWN OF DEATH	14.5.14	RRIED NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY OF ANNE A	YRS. PR COUNTY OF DEATH QUNCE/ ON 125. KIND C	MD.
70 35		PROWNS VILLE AL RESIDENCE (IF NURSING HOME OR STATE 13B, COUN MARU/AND ANN	OTHER INSTITUTION. GIVE RESIDENCE SEFORE ADMISSI OTHER INSTITUTION. GIVE RESIDENCE SEFORE ADMISSI ATY ASIA. CITY OR TOWN REACHING FACEWATE	ON) 138. INSIDE CITY LIMITS?	Electric 13e STREET ADDRESS 911 Sho	re DRIVE	Station
20	14. FA	THER'S SAME	A Tuvnhan	15. MOTHER'S MAIDEN NA.	WE	Tuc	KeR-
1	16a. V	(ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 186/SOCIAL SECURITY NO E WAR OR DATES! 119 - 01 - 294	9 MARY I TW	YNham S	come as #12	Wife
		PARTI. DEATH WAS CAUSE HAZ 92 Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	(401411110 /1		deato U.	SCVD 6 II	IMATE INTERVAL ONSET AND DEATH OCCUPYOR
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF THE PART O	CONDITIONS CONTRIBUTING TO DEATH	esease	INAL DISEASE OR CONI	DITION GIVEN IN PART 1(d) 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
9	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		9 21f. LOCATION	YES NO X		NO _
	,	WHILE NOT WHILE 2 AT WORK NOT WHILE 12 220.1 certify that (1) (this base in the deceased alive on obove, (1) (we) (did) (did not 22). SIGNATURE	tal) attended the deceased from	, and that in (my) (our) opinion of	death occurred on the do	ate and hour and from the	
		22d. PHYSICIAN'S NAME (TYPE O	A Gueghlia, m	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF		6/81

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be notified at angered TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 k should be detached for use as the burial-transit permit. Then please remove carbon pope with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal. etained by the haspitol or attending TO HOSPITAL BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 12/30/81 ²FHand free Casch's Sons Funeral Home, P.A. Hyattsville, Maryland

23a BURIAL, CREMATION, REMOVAL

Burlal

731. NAME OF CEMETERY OR CREMATORY 734. LOCATION CITY OR TOWN
George Washington Cemetery Hyattsville

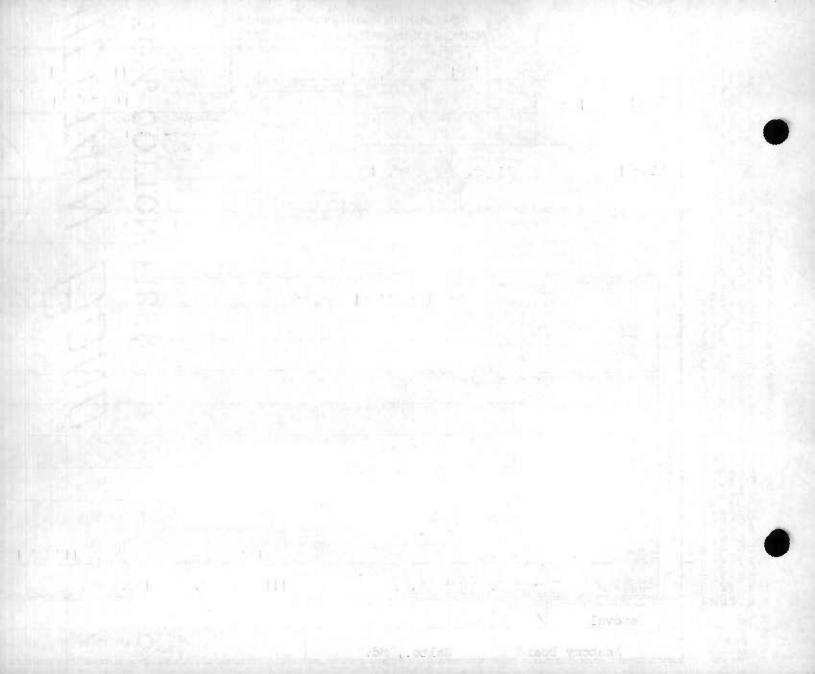
Tour fam Rel. Pasadus, mo.

DISCHARGE BUILDING FOR STATE AND STATE OF THE STATE OF TH La Hara of Layelland Long Yes I will II The company I tray whom some with home The state of the s

16	28	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 / 1 5 CERTIFICATE OF DEATH
3	may be page 3 er decrh	1. DE (TYP) 3. SE	REGISTRAR GEASED NAME FIRST GERNATI VIR G-1/1/19 X 4.	REG. NO. AMDDLE RAMER UHLER 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 12. 31.81 9004 M. RACE S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
•	35 M		RTHPLACE (STATE OR FOREIGN 76 COUNTY DRYLAND) TRY OR TOWN OF DEATH 11	OCITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 121 KIND OF BUSINESS OR
AND 21201	in 24 hours offit the office from the office from	130.	101D 17. 14	THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDITES
BALTIMORE, MARYLAND 2120	ond completel	160 \	ATHERS NAME FIRST HAP RLS S VAS DECEASED EVER IN U.S. ARME VES NO OR UNKNOWN) (IF YES, GIVE W	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTI	quires that the death certificate by signed by the attending physician hen please remove corban papers. to burial, cremation, or remavol. ijury, or ather traumatic event, the	NO	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse last.	one cause per line for (a) (3), and (c).) APPROXIMATE INTERVAL BETWEIN ONSET AND DEATH BY: On a C C C C C C C C C C C C C C C C C C
F VITAL RECOR	itan: The low rephysician. rifficate has been difficate has been difficate has been difficate has been difficate brian and Hygiene prior oil Hygiene prior man 18 shows any in	L CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION	TENDING PHYSICI, old or attending property of the certification use as the burial-to-fill the certification of Health and Mento of Ismarked or Item.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did (did not))	
•	TO HOSPITAL OR AT eroined by the hosp TO FUNERAL DIRECTANGLE be detoched family the Store Dept. (MPORTANT: If them?)		22d. PHYSICIAN'S NAME (TYPE OR PR	Coley DEGREE MD ATTENDING MEDICAL STAFF 12/31/81
	BP	1	BURIAL, CREMATION, REMOVAL (SPECER) CONTROL OF THE	23b. DATE. 1-4-82 ST MARY S CM. FUNHOUS SIND STAND 23c. DATE REC'D. BY REGISTRAY SIGNING.
	OHMH - 16 50M 1/81 (VRA 15, 4)	1	HOM. TAYLOR	Non ANDAPOLIS MD JAN 5 1982 from January

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1-	FOR STATE REGISTRAR	DEPARTMENT O	F HEALTH AND MENTAL HYOINER'S CERTIFICATE OF	40	0/1/
	CEASED NAME FIRST PE OR PRINT) UNKNO	MIDDLE 9Wn # 81-81	LAST	26. DATE KNOWN MONTH OF ESTI- DEATH MATED	29 19 8 1 A
3. SE.		S. DATE OF BIRTH SEAR SEARCH LAST BIR			30 1981 9:40/
7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		
1	aure (11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES OFF RT. 295 & RT	. 198	G USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME OF ATTE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM ITY 13c. CITY OR TOWN		e. STREET ADDRESS	
14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
16a. \	WAS DECEASED EVER IN U.S. AR, YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	RITY NO. 17. INFORMANT	ADDRESS	
NO	Canditians, it any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 DTNER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	CE OF	(0).	
IFICATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY? YES ☑ NO □
MEDICAL CERTIFICATION	21a. EXTÉRNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME OF INJURY HOUR A.M. MONTH DAY YI DEATH P.M. 19 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.)	EAR	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I	OUNTY STATE
4	WHILE NOT WHILE C		n Autopsy X, Inspection [



	1.	FOR STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC	GIENE 8	30/13
		REGISTRAR	CERT	IFICATE OF DEATH	REG NO.	
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	NIH DAY YEAR 26 HOUR
r death	F	INNE P. Valk			12.4.81	1/07.
ofter	3 SE	X		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
	P	amale.	White 5	6 19	62	YRS.
0 G		RTHPLACE (STATE OR FOREIGN / 7	L CITIZEN OF WHAT COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
100		√	WIDOV		Anne Arund	lel County ME
53	10 C	NNO POLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	1-11-1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
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	14. FA	ATHER'S NAME FIRST	IDDLF LAST	15. MOTHER'S MAIDEN NA	ME	
70		rik51 M	IDDLE (AST	FIRST	MIDDLE	LAST
		VAS DECEASED EVER IN U.S. ARM		17 INFORMANT	ADDRESS	
J medica		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 215-24-7754			
ot, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per live for (a), (b) and (c)	1 1 11	1 1 0	SETWEEN ONSET AND DEATH
eve			CAUSE (a) [Anlene 1	esetral Va	recelor les	redul
notic		4360	DUE TO, OR AS A CONSEQUENCE OF	1.	1 -A1 -	0 41 /
	- 8	Conditions, if any, which	(b) lowofer	groen d	ealle 2	* above
		cause (a), stoting the	DUE TO, OR AS A CONSEQUENCE OF			
		underlying couse last.	(c)			
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	JT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
61	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ION WAS PERFORMED	20a AUTOPSY? 20t	b. IF YES, WERE FINDINGS USED
7	IF		The state of the s		YES T NOT	CERTIFYING CAUSES OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
7		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	ž	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspite	al) attended the deceased from	178 19	to 4 Plea	
	333			/		and haur and from the causes stated
		saw the deceased give an above (1) (we) (did) (did not)	view the body after death.	DEGREE		22: DATE SIGNED
	100	1 1 k		(ATTENDING _	MEDICAL STAFF	11/1/01
-		274 PHYSICIAN'S NAME ITTE OR	mu tolene	170 ADDRESS	JUNECTOR PHYSICIAN	U THEST
				THE PROPERTY.		
1	22.	LIBIAL CREATIVITY SELECT	In the In the second	CTATERON OR COLUMN	The comment	
	130.5	JURIAL CREMATION, REMOVAL	Management of the second	CEMETERY OR CREMATORY	TIE LOCATION	COUNTY STATE
	24.10	Removal INERAL DIRECTOR	12/5/81	25- 0-47	E REC'D. BY REGISTRAR 190	Acres Com Martin
11		readd	ADOMOS	DE	+ 0 4004 //	rane f
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FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF LINDER I VEAR

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25a DATE REC'D. BY REGISTRAR 256 REGIS

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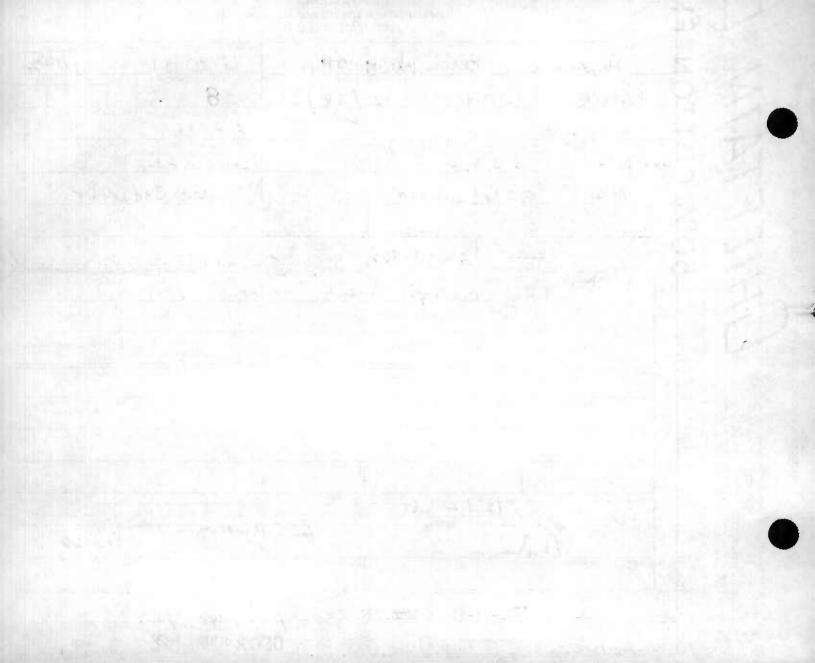
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Hardesty Funeral Home 12 Ridgely Ave. Ann

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		1	STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	y be age 3 deoth		ECEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR B. WAYSON DEC. 26, 1981 12:10 PM
	(Sign	3.5	
	deall Line	7a.	SIRTHPLACE OF COUNTY OF WHAT COUNTRY? & MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED HOUNGE MARRIED MD.
201	by the fulled with	H	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I NOT IN SUCH FIELDITY, GIVE STREET ADDRESS! / CNEYA 176. KIND OF BUSINESS OR INDUSTRY 176. KIND OF BUSINESS OR IN
LAND 21	in 24 hou ly filled in should be	130	STATE MD. 13 STREET ADDRESS NO 1 STREET ADDRESS RIGHE AVE.
E, MARY	ond 2	4	ROBERT BODIE WAYSON BINCE A WILKERSON
LTIMOR	be exected on ond s. Page	100	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 214-05-1434 FILCE A. WAYSON 13. WAYSON
I ST., BA	refiticate ng physici bon poper removal.		18 CAUSE OF DEATH (Enter only one cause pecline for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PRESTON	ne death ce in attendin imave carb nation, or i		Conditions, if any, which gove rise to immediate
201 W. F	ed by the please re- irial, crem		couse (o), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF
	require	NOITA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200/F YES, WERE FINDINGS LISED
IT AL REC	The Lician. te hos sit pergiene giene shows	CERTIFICATION	YES NO THE NO THE NO. S SEE THE YES NO.
DIVISION OF VITAL RECORDS,	SICIA na p certif urial-t vental	MEDICAL C	216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR CIFETHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY 211. LOCATION 211. LOCATION 211. LOCATION 211. LOCATION 212. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 212. CHOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)
DIVISIO	ING Ph r atten After th os the Ith and	ME	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	putal CTOR: for us of He		276. SIGNATURE 276. I certify that (I) (this hospital) attended the deceased from 19 1, to 19 1, that (I) (we) lost sow the deceased alive on 2 1, that (I) (we) lost obove, (I) (we) tail (i) (id) (id) not) view the body after depth. DEGREE
	HOSPITAL OR A ned by the hos FUNERAL DIRECTORY of the State Dept. ORTANT: If them		Transformed ATTENDING MEDICAL STAFF 12-26-87
	TO HOSPITAL retained by the TO FUNERAL I should be deto with the State [MPORTANT: If		FM. SHIPLEY annapolice my
	BP	230.	DUPLE 12/29/81 17. ZION REMOVAL 236 DATE 12/29/81 17. ZION REMATORY
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STATE OF MARYLAND

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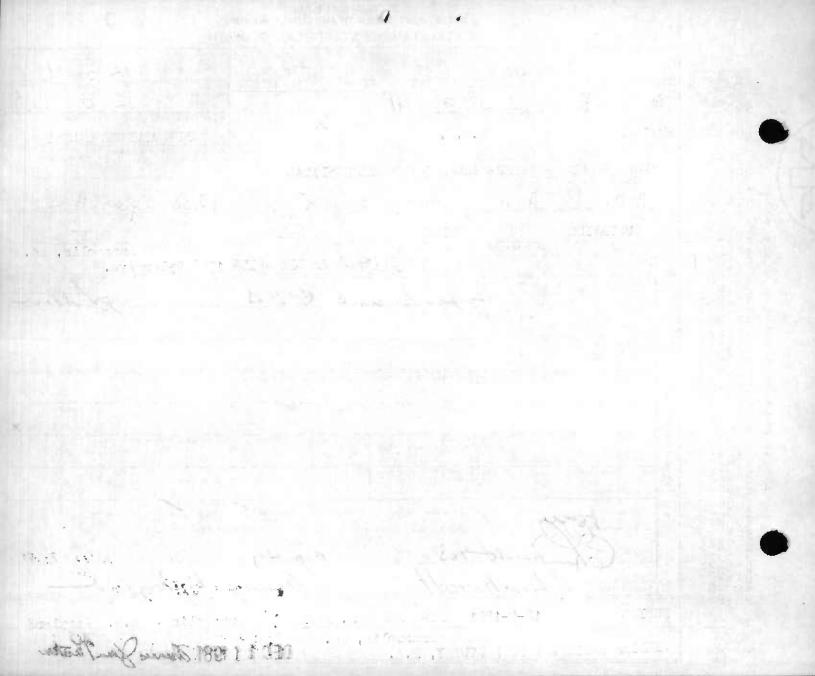
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A DESCRIPTION OF THE PROPERTY	3. SE	4.	RACE	5. DATE OF BIRTH	YE AR	6. AGE (IN YEAL LAST BIRTHDA	RS IF UN	DER 1 YR. IF UNDE		RONOUNCED	MONTH	DAY YEAR	7:25
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MANAGES 9		RTHPLACE ISTA	TE OR	76. CITIZEN OF WH	AT COUN	ITRY?	8. MARRI	ED NEVER MARI	PIED []	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
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る音楽品	10. C	TY OR TOWN O	FDEATH	II. NAME OF HOS	PITAL, NUI	RSING HOME	OR OTH	ER INSTITUTION	12a USU/	AL OCCUPATION		126. KIND OF BU	ISINESS
RE, MD. 21201 EATH. IF ANY DELAY IS NEGES ES 1, 2, AND 31'O THE THYEE APRA, SHOULD BE FILED WITHIN EVERAL RECORDS, 201 W PRES		Annapol	is	Anne Aru	Anne Arundel General Hospital							OR INDUSTRY	
ANN	USU	AL RESIDENCE (IF	IN NURSING HOME O	OR OTHER INSTITUTION, GI	E RESIDENCE	OR TOWN	PN)		1.0 0700	L'assure			
21201 RETAIL RECOR	134. 3	Mđ.	138 COOK	1,19	Anna	apolis		13d. INSIDE CITY LIMITS? YES NO-	5 C	et address Cornhill	St.		
MD. MD.	14. F	ATHER'S NAME				-		15, MOTHER'S MAID					
DEATH.	FIRST MIDDLE LAST FIRST MIDDLE									LAST			
BALTIMORE, SS AFTER DEA GIVE PAGES ITH FORM P ITH FORM P INISION OF A	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORMANT		ADDRE	ESŚ		
AFTE SION SION SION SION SION SION SION SION	I Y	ES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)									
		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a) (b)	and (c))						APPROXIMATI	INTERVAL
HOURS M 1B. G VG WIT RAMIT. P.		PARTIDEA	TH WAS CAUSE	O RV.			vido	Inhalatio	n			BETWEEN ONSE	T AND DEATH
W. PRESTON WITHIN 24 I PENCIL IN ITE MAINER ALON TRANSIT PER ENTAL HYGIE	15	891	IMMEDIA			SEQUENCE C		Tilliarario	111				
RES RESIDENCE	1	Canditians,	if any, which	1		0.00011020							
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NAEN ANEN		lying cause		DOE TO, OR	AS A CON	SECUENCE C	r						
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WAR 35 SHOULD BE USED SA B BURAL "IRANSIT PERMIT. E DEPARTMENT OF HEATH AND MENTAL HYGENE, DO 10 PRIOR TO BURIAL, CREMATION, OR REMOVAL		BART 2 OTNER CICH	ICICANT CONDITIONS	(c)				OR CONDITION GIVEN IN P.				1	
RECORDS, D BE EXECT ENDING MEDICAL AS A BUR EATH ANE	z												
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D SY	1	22a I certify	that I taak chara	e af the remains desc	ribed aba	ve. held an	Autaps	y XX Inspectio	an []	Inquiry .	Arunde and in my ap	Co.	Md.
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ARY ARY			. /			, ,		TITLE (SPECIFY)	Onderer	mined manner	,		
A COUNTY OF THE SECOND		ACTUAL SIGNATURE	Virgini	E LDol	la			Assistan	+ 4500	CALEXAMINER	DATE	12-18	-81
SE S	-		()						MEDIC	ALEXAMINER	SIGNE		
TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW AT ENTREATH WITH THE SIX BATTIMORE, MARYLAND, 2	-	EXAMINER'S NO (TYPE OR PRINT	AME Vir	ginia L. I	Dolan	, M.D.	-	ADDRESS	II Per	nn Street			
525 5 E E E	23a. B	JRIAL, CREMATIC						CREMATORY	23d, LOC	ATION			
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	24 FI	JNERAL DIRECTO	OR					25a. DATE	REC'D. BY R	EGISTRAR 256 RE	GISTRAR'S S	ION TURE COM	
DHMH - 17 (VR A15 ME (5))		Anatomy	Board	ADDRESS	Balte	o., Md.		IAN	1 1 11	has	wh	national .	
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(20)		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR A
de t		MELY	/INA	WILLIAMS		DECEMBER 2	21, 1981	6:40 A
ge Hings	3. SE	Female	4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY YRS.	
neral dira	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	RY? 8. MARRIED NEVER M.	ARRIED -	BALTIMORE CITY O	R COUNTY OF DEATH	7
rs after de by the fur filled within	10.0	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVES NORTH ARUND)	RSING HOME OR OTHER INSTITUTE		120 USUAL OCCUPATI		OF BUSINESS OR
y filled in should be ermust be	13a.	AL RESIDENCE LIF NURSING HOME O STATE 136 COU	NTY 13c CITY OR	1	TY LIMITS?	13e. STREET ADDRESS	mmens	Ferry R
making on 2 si	14 F	thomas	MIDDLE LAST	15. MOTHER'S	IRST	E MIDDLE	S	.AST COTT
be execu		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	ECURITY NO. 17. INFORMAN	01.	ADDRE	616 Ham-	mons fer
equires that the death certific in signed by the attending phy. Then please remove carbon part to burial, cremation, ar remaining, or other froumatic event	NO		DUE TO, OR AS A CONSE	auence of	DO THE TERMIN	ALI DISEASE OF CONT	DITION GIVEN IN PART	l(a)
w r	CERTIFICATION	196 DATE OF OPERALISM	18 CONDITION FOR WE	HICH OPERATION WAS PERFOR	MED.	YES NO	10% IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED ES OF DEATH?
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DING PH or attend After this se os the b calth and / morked a	MEC	while and while and work and standard and st	The PLACE OF INJURY LAT HOME. STREET FACTORS and tall attended the diseased to	ICE FARM, ETC.) STREET	19.8	CITY OR TOV	WN COUNTY	sthat (I) (we) lost
R ATTER haspitol RECTOR red for upt. of H		saw the deceased alive or obove, (I) (we) (did) (did of 77% SIGNATURE	yew the body often death.	DEGREE		-	te and hour and from th	ne couses stated
HOSPITAL med by the FUNERAL old be detended to the State ORTANT: It		22d, PHYSICIAN'S NAME (IN)		22e ADDRESS	7951	02 (11100.)		61
BP	230	SURJAL, OREMATION, REMOVAL		NAME OF CEMETERY OR CR		23d. LOCATION	210	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	INFRACDIRECTOR AME	11 1 1 310 AL 310	W. Col. de	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE 2

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thin 24 hours should be should be ner must be	130. 5	TATE 13b.	COUNTY	Fageu	OWN	13d. INSIDE CITY LIMITS? YES NO NON	834 Selby	Blv'd.		
omplete ond 2	_	Stanley H. W				Annie	Laurie	181	LAST	
be execution and confirmation and confir		VAS DECEASED EVER IN U LES NO OR UNKNOWN) LES NO OR UNKNOWN) W	S ARMED FO			Vivian Willi	amson, same			
h certificate ding physic orbonpope or removol.		18 CAUSE OF DEATH (EF PART I. DEATH WAS C	AUSED BY: EDIATE CAUS	ma	jocar	del info	-ten		APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
, that the deat cd by the otten lease remove c roll-cremation, or other traum		Conditions, if any, whi gove rise to immedia couse (a), stating t underlying couse lo	ch te he st.	E TO, OR AS A CONSE	OUENCE OF					
The law requires th sicion. Its has been signed asit permit. Then plea gignen prior to buriol shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFIC		ONS CONTRIBUTING			200 AUTOPSY? YES NOT	IN CERTIFYING CAUSES OF		USED DEATH?
SICIAN ng phys certific riol-tro entol Hi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE LIFEITHER, NOTIFY MEDICAL EX	OF DEATH HO	TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURRE		IN ITEM 18 PART	I OR PART 2)	
DING PHY: or attendii After this. e os the bu oith and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT	PLACE OF INJURY HOME, STREET, FACTORY, OFFI		PI LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
ATTEND oppital or sectors: A for use of Heal		22a.1 certify that (1) (this sow the deceased all above, (1) (we) (did) (1)	ve on 1	2/30/8/	9, on	d that in (my) (evr) opinion d	eoth occurred on the do	le ond hour or	nd from the cous	
by the hby the hby the by the boy the boy the bigger detache State Department of the boy ANT: If the boy the b		226 SIGNATURE	(TYPE OR PRINT)	fa Da F	Shiple	ATTENDING PHYSICIAN IT	MEDICAL STAF	an 🗌	12/30	181
TO HOSPITAL retoined by the TO FUNERAL should be defount with the State IMPORTANT: If			Shiple			121 Cathedra	l St., Anna	polis,	М	
BP	В	urial, cremation, remo urial	1.	-21-82		Heaven Cem.	Silver sp	ring, M	OUNTY 1•	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	eall Funeral	Home,		St., An	mp., Md. 25a DATE	REC'D. BY REGISTRAR 2	Sb. REGISTRAI	R'S SIGNATURE	Clan

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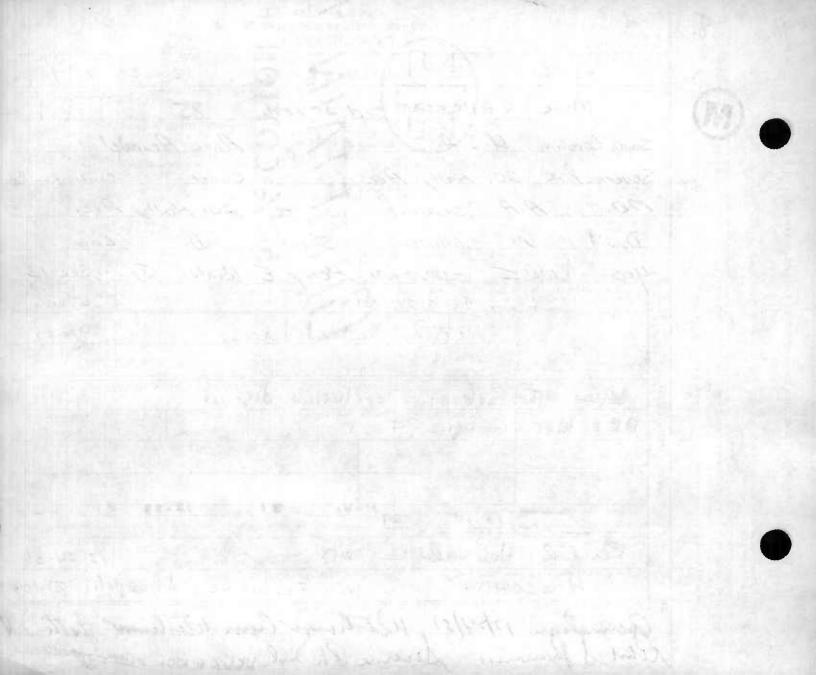
BP.

DHMH-16 50M 1/81 (VRA 15, 4)

SH	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLA ENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGI	ENE 8	3	0 /	2 9 E.S.T.
		CEASED NAME FIRST	WIDDLE	LAST	Т	20 DATE OF DEATH			26 HOUR 8:51 A.M
	3 SE	WILLIAM	BRITE	WINBORNE 5. DATE OF BIRTH	- 1	ECEMBER 13			IF UNDER 24 HRS
3	3 25	Male	White	MONTH DAY	1937		MONTH	_	HOURS MIN.
(AA	7a. B	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	9		9 BALTIMORE CITY C	TIO.	DEATH	
	Ž.	COUNTRY	U.S.A.	MARRIED NEVER M	ORCED	ANNE ARU	NDEL CO	UNTY,	MD.
Topped 1		LEN BURNIE	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL	G HOME OR OTHER INST	NOITUTI	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF areen Mi	F WORKING LIFE) 1	76. KIND OF NDUSTRY	BUSINESS OR Ret.
must be	130.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b, COUNTY Md. Anne	GER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CI	d. INSIDE CITY LIMITS? 130. STREET ADDRESS				7
Compine 20	14. F/	ATHER'S NAME FIRST George M.	Winbonn	15. MOTHER'S	MAIDEN NAM		Cara	LAST	ine
medical	160 \	WAS DECEASED EVER IN U.S. ARMEI YES. NO OR UNKNOWN) US YES, GIVE W. VOICEOUT	D FORCES? 16b. SOCIAL SECUR AR OR PATES) 2, yet. 223_48_4	170. Betty	11- 10	abonne, s	iss Same as 1	13	
s any injury, ar other traumatic	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE. (c) NOTIONS CONTRIBUTING TO D	NCE OF EATH BUT NOT RELATED		PAL DISEASE OR CON	DITION GIVEN IN	RE FINDING	
work 81 ma		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	URY OCCURRE	YES NO	YES THE TEM 18 PART 1 C	OR PART 2)	но 🗆
rked or the	MEDICAL	21d. INJURY OCCURED WHILE NOT WHILE ATWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATIO	N	CITY OR TO	wn c	OUNTY	STATE
21 is ma		220.1 certify that (1) (this hospital) sign the deceased alive an thorough (1) (we) (did) (did nat) vi		and that in (my) (our) opinion d	eath occurred on the do	ate and hour and		nat (I) (we) lost
MPORTANT: If them 21		176 PHYSICIAN'S NAME THEOREM	Wo	22e ADDRESS		MEDICAL STAIL DIRECTOR PHYSIC	FF CIAN []	Z DATE ŠI	13.01
JWbC	23a. I	1	736 DATE 23c. N	AME OF CEMETERY OR CI		23d. LOCATION Actinoto	COL		staya.
1/81		UNERAL DIRECTOR NAME LULY F.H. Mounta	9	andan Md	250 DATE	REC'D. BY REGISTRAR	The second secon	SIGNA	

Our marries will under agreem the desired the same of in. The secret is a secret of the secret of New Manager 19 September 19 Sep yes view, get on the try vette go without , some as to THE RESERVE AND THE PARTY OF THE PARTY AND T Success, and the first market flow, and according The new total community of the contract of the

D	*	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	1 3 0	7 3 0
	ge 3		CEASED NAME FIRST MIDDLE LAST 20 DATE OF EXPRINT) HEVRY E. WINTER, SR XX	F DEATH MONTH DAY YEAR 12 23 8 YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	1730 PM
	Page 4		Male CAUCASian Sept 25/896 IRTHPLACE (STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8	YRS WONTHS DA	AYS HOURS MIN.
	death.		South Carolina U.S.A. WIDOWED DIVORCED An	ne Arundel	MD.
1201	ours after in by the perfelled w	พ บริบั	CIP NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OWN AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	RK FOR MOST OF WORKING LIFE) INDUST	
YLAND 2	rthin 24 h	13a. S	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET. 20 ATHER'S NAME 13 MOTHER'S MAIDEN NAME	11 .1 /1	2.
E, MAR	d camplet es 1 and 2	16a V	David Middle Middle Middle Minter Sarah VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	D. La	LAST
V ST., BALTIMOR	cian ond ers. Poge I.	- {	YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES W.W. I 53210-1071 Henry E. Win No CAUSE OF DEATH lEnter only one couse per line for 1018 (b), and (c)		Sec. 13
	certificat ing physi rban popi r remova ic event, i		PARTI DEATH WAS CAUSED BY: LIMMEDIATE CAUSE (0) Can diac arres		S WILL
PRESTON	the death the attend remave co emotion, o		Conditions, if ony, which gove rise to immediate couse (o), stating the		years
201 W.	ned by the please of urial, cre		underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASI	E OR CONDITION GIVEN IN PAP.	Lla
RECORDS,	been sign mit. Then brior to b any injury	ATION	Severe alterosetrotic occlusive diseas	Q	
	The lo	CERTIFICATION	DEC 481 Gauguer 700 T 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NA	NO YES [SES OF DEATH?
DIVISION OF VITAL	HYSICIAN: iding phys is certifico buriol-tra Mentol Hy or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21l LOCATION		
DIVISIO	DING Ph ar atten After th e os the alth ond marked o	WE	WHILE AT WORK AT WORK (I) (No spinor) ottended the deceased from NOV, 19 5 to	12-23 10 % 1	state
	DR ATTENI hospital IRECTOR: thed for us eept, of Hee Item 21 is u		sow the deceased alive on 12 15 19 81, and that in [my] (a) opinion death occurre above. (1) (a) (did not) view the body after death. 27b. SIGNATURE DEGREE	ed on the date and hour and from	
	by the ERAL D e detoc		Taul & Houseline Min attending Medical Physician Prinsician Director	STAFF 12	-24-81
	retained by tretained by to FUNERAL should be defined the State with the State	22	HOLSCHUH 104 Forbes St		21403
	BP	23a. E	BURIAL, CREMATION, REMOVAL 236. DATE, 236. NAME OF CEMETERY OR CREMATORY 236. LOCA CITY WERAL DIRECTOR 250. DATE REC'D. BY R	Werliner 1	Bette he
DI	HMH - 16 50M 1/B1 (VRA 15, 4)	X	That I Genouse Sevene Ph of DEL'Z	REGISTRAR 256. REGISTRAR'S SIG	ATURE



should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

230. BURIAL, CREMATION, REMOVAL

Bur bal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	YGIENE &	250.40	3	0 /	EST
	ECEASED NAME	FIRST		WIDDLE	L	AST	2a. DATE (REG. NO.	H DAY	Y YEAR	2b. HOUR
(TYP	PE OR PRINT)	LBERT	E	dwin	WO	CKENFUSS	DE	CEMBER 1	9. 1	981	7:55 P
3. SE			RACE		5. DATE C			YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
	Male		Whi	te	Jul		62		YRS.	INTHS DAYS	HOURS MIN.
	COUNTRY)	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIM	ORE CITY OR CO		FDEATH	
	Maryland	177 (24)	U.S.	A.	WIDOWE		ANN	E ARUNDE	L CO	UNTY	MD.
	ITY OR TOWN OF DEA	(ТН 11	. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUA	L OCCUPATION	KING LIFE)	12b. KIND OF	F BUSINESS OR
	LEN BURNIE			H ARUNDEL		ITAL	Stor	ekeepe	r	Civi	1 Serv.
13a Ma	IAL RESIDENCE (IF NURS STATE aryland	136 COUNTY		Severnal	V	13d. INSIDE CITY LIMITS?	564	West D	rive	9	
14 F.	ATHER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE		1401	
	Paul		F.	Wocken	fuss	Hedwig			Wir	skows	ski
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	Wife	ADDRESS	5	Same	as
	Yes		II	217.16.5	5442	Doris S. 1	Wocker	fuss		13	
NO	Conditions, if any, gove rise to imm couse (a), stothin underlying couse	nediote g the lost.	DUE TO, O (b) DUE TO, O (c)	MAS A CONSEQUE	NCE OF	of the Notine termination of the	1 Pal) PMINAL DISEA	SE OR JONDITIO	N GIVEN	I IN PART 1(o	
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	TION FOR WHICH (OPERATION	N WAS PERFORMED	200 AUT		IF YES, W CERTIFYIN YES [VERE FINDING	GS USED OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTERN	IATURE OF INJURY IN IT	M IS PART	I OR PART 2)	
MEDI	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ALE	21e. PLACE (OF INJURY BET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	27a. I certify that (1) sow the decease ebove. (1) (we) (d 27b. SIGNATURE	d alive anid) (did not) vi	ew the body	19			MEDICAL	STAFF	d hour o	120. DATES	
	DECED E		1			22e. ADDRESS 325 H		l Drive . Maryla			

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Dec. 22,81 24 FUNERAL DIRECTOR Funeral Home, Glen Burnie, Md. Singleton

23b. DATE

23d LOCATION
CITY OR TOWN
7 Glen Burnie 250. Date Rec'd. By Registrar 756. Begistrar Scienary DEC 22 1981 Charles DEC 28 1931 Store Que l'action

death. Page 4 may be

/				STAT	E OF MARYLAND	4.9	1	9 6 1	3 0				
,	FOR		DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIENE O		0 0 /	is la				
1	= STATE REGISTRAR			CERTIF	ICATE OF DEATH								
1 00	CE ASED NAME	EIDC 7	MIDDLE		AST	Ta D	REG. NO.						
	E OR PRINT)	FIRST	WIDDLE		ASI	26. DATE C	OF DEATH MONTH	DAY YEAR	2b. HOUR				
	To		H	W	olfe	12-	25-81		1:20p				
3. SE	X	4	RACE	5. DATE C	OF BIRTH	6 AGE IN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS				
	Male	5	(aucasian	N MONTH		62		MONTHS DAYS	HOURS MIN.				
7. 0	IRTHPLACE STATE OR F		C		Nov. 5, 1919		YR:						
1/0. 6	COUNTRY)	OREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED		ORE CITY OR COUN						
Virginia			USA	WIDOWE	D DIVORCED	Inne	Anne Anundel County						
10 C	ITY OR TOWN OF DEA	JH 11	. NAME OF HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAI	LOCCUPATION	126. KIND C	OF BUSINESS OR				
1	Glen Burni	e. Md.	North Arun	del H	ogni+al	TYPE OF WO	ORK FOR MOST OF WORKING	G LIFE) INDUSTRY					
-					Ospitai	Jell	-employed		penter				
13a.	STATE	13b. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS asa	dena, Ild					
M	arvland	Anno 7	Arunde Pasade		YES NOW	7796	(entral)	Ave. Rt.	#1High po				
	ATHER'S NAME		Trunuer rasage	Hd	15. MOTHER'S MAIDEN N	AME			· · · · · · · · · · · · · · · · · · ·				
	FIRST	MID	Wolfe		QRST ,		MIDDLE	C. LAS	10. 11				
	james				grah			Stan	afreia				
	WAS DECEASED EVER		D FORCES? 166 SOCIAL SECU		17 INFORMANT	P 11 .	ADDRESS	11.0					
	30	WW 11	199-03-8	212	Mrs. Marian	y. Wol	Le ame a	1#13e.					
	IN CALISE OF DEATH	Fater only	one couse per line for (o), (by one		A				MATE INTERVAL ONSET AND DEATH				
	PART I. DEATH W	AS CAUSED 8	Y:	+	+ 11 +			BETWEEN	ONSET AND DEATH				
	11100	IMMEDIATE (AUSE (a)	E D. ATE	TINE LIN								
	1770		DUE TO, CHAS A CONSEQUENCE OF			. 1. 1							
NOI	Conditions, if any,	which	AMINISTE SILETERS (6)			Of the DONE- unal Meximo							
	gave rise to imm						1A	The state of the s	- 1(0				
	underlying cause		DUE TO, OR AS A CONSEQUE	NCE OF	ite V L	0	p 01						
			(c)	-	JHOIL INT	- [d]	LE (18/1)						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
		Hev	to LONGHIAM	120/11	Ina.								
AT	190 DATE OF OPERAT		196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUT		YES, WERE FINDIN					
MEDICAL CERTIFICATION	1000		Alternative Control			ws. 5		TIFYING CAUSES					
	21a. ACCIDENT WAS UND	EDIANIC 🗀	216. TIME OF INJURY		In tion the line of the	YES	NO	YES	NO 🗆				
	OR CONTRIBUTING C		HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTERN	TATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)					
	(IF EITHER NOTIFY MEDIC		P.M.	19									
	21d. INJURY OCCURR	ED	21e PLACE OF INJURY		211 LOCATION								
	WHILE NOT WH		LAT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE				
	AT WORK AT WOR		1	10	6	10	100	61					
			ottended the disceosed from	11/10	, 19 1	, to	- do	0	that (I) (we) lost				
	saw the decease above, (1) (we) (d		new the body after death.	, an	d that in (my) (aur) opinion	n deoth occurr	ed on the date and h	nour and from the	causes stated				

22b. SIGNATURE

22e. ADDRESS

ATTENDING PHYSICIAN

ů 23a. BURIAL, CREMATION, REMOVAL 236. DATE

231. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

DEGREE

23d. LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shared to the time with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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etoined by the hospital ar offending

BP.

injury, or ather troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows ony

Burial Mountain and lick Neck Kds. Home of Pasadena, asadena Md. 2112.

MEDICAL STAFF
DIRECTOR PHYSICIAN

Donsey

REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

20 1021

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Pigling a won a management THE PERSON NAMED IN and recommend to be undergone and CHIEF THE THE STORESTON LESSED SAN and an open to some or complete or the state of the state the second secon A TOTAL PROPERTY OF THE PARTY O REAL SEPT. SEPTEMBER unicolo yay walli agabbadanon ko ka ka County of the Control of the second of the s FOR

STATE OF MARYLAND

Market Secretary of 1 300 Charles M. the state of the s 1-412 Billion Car Bullion May 88

FEMALE LLANTS BELL PELLS STOREST THE NEW YORK OF THE PROPERTY OF THE PR A December 18 18 18 Comment Alexander CHARLE DRIVETT THEORY DAY WERE Les to the same of the same of the same of the same The state of the s Formult Margaret Bugger Land Land of the court leads the survey of the the total of 1938 of the State Month on any high the body FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH 26 HOUR IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY LAST Mark Drive len Barnie PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED Nanticoke COUNTY Burial St. Josephs Cemetery BP. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) James S. Kirkley, Glen Burnie, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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h		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES									
0	- 16] -		1 5 0							
	~		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. CEASED NAME PRST MIDDLE ASD REG. NO.								
1	The state of		20. DATE KNOWN MONTH	DAY YEAR 2b, HOUR							
A.C.	5 3 5		LYNN HOMAS ZEILE DEATH MATED 12	231981 M							
PLE ST	STRE	3. SEX	4 RACE 5. DATE OF BIRTH ON THE DAY YEAR LAST BERLOAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 24 HOUR							
ARY,	S 2 2 8		MALE WHIE 7 10 36 23 YRS. DEAD 12-	23 18 1 1 M							
ESS	SERE		RTHPLACE ISTATEOR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH							
	C PRE FOR	*	ENN, WIDOWED DINORCED DI P. P. CO.	MD							
Y IS		10. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORKING LIFE)	126. KIND OF BUSINESS							
	21201 F ANY DEL 2, AND 3 TO 3. RETAIN B SHOULD BE I RECORDS.	1	INDURVIE NORTH- ARUNDEL-HOSPITEL RENCHING CO.	EXCAVATING							
		USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. SQUINTY 136. CITY OR TOWN 136. INSIDE CITY IMITS? 13 STREET DORESS									
212 F A			1 THOUSE HANDED YES NOW 711 THISLIPS AT	>							
AD THE	ZOE TA	14. FA	THER'S NAME LAST	ŁAST							
AORE, A	FORM SS 1 AN	160 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	A							
IMO FTER	ES 1	[YE	S, NO, OR UNKNOWN) (IFYES, GIVE WAR OR DATES)	2481141							
SS A SIVE	URS AFTER 8. GIVE PA WITH FOI DIVISION	_	UD - 212703949 CHRIS J. LEILER ANNAPOLI								
	WITHIN 24 HOUR JCIL IN ITEM 18. NINER ALONG W RANSIT PERMIT. ITAL HYGIENE, DI MOVAL.	14	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWIEN ONSET AND DEATH							
N S			IMMEDIATE CAUSE (a)	Ludden							
PRESTON VITHIN 24	7 4 E Z 4	36	DUE TO, OR AS A CONSEQUENCE OF								
P = = = = = = = = = = = = = = = = = = =	AMINER A AMINER A TRANSIT ENTAL HY REMOVAL		Canditians, if any, which gave rise to immediate (b)								
	\$ F X &		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF								
EXECUTED	AL EXA BURIAL- AND ME	130	(c)								
EXE			PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
RECORDS,	EF MEDIC SED AS A HEALTH A CREMATIC	CERTIFICATION									
	USED USED OF HE	CAT	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?							
VITAL REG	AL OF LE	TFE		YES NO NO							
> <	BUR BUR	CER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PAR								
DIVISION OF S CERTIFICATE RITING THE W	RTA OUT		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19								
IVISIO CERTI	SH	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION								
DIVISION HIS CERT	ATE, WALLING THE WORD ORWANDED TO THE CHI IM: PAGE 3 SHOULD BE US HE STATE DEPARTMENT OF 0, 21201 PRIOR TO BUILLING	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR 10WN COU AT WORK	NTY STATE							
Έş	PAC PAC STA										
E E) ~ O F F	23	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my api	nian							
AMINER	DIRECT WITH 1	1.3	death resulted from: Natural causes : Accident : Suicide : Hamicide : Undetermined manner :,								
X	WIT WIT	- 3	ACTUAL TITLE (SPECIFY) DATE	12 laules							
IS I	RAL ATH		SIGNATUR M.D. LEPUT MEDICAL EXAMINER SIGNED	1714/8/							
EDIC	MON	spherical	EXAMINER'S NAME F / 111/2005								
₹	PAGE OF THE CONTROL OF T	22- 81	TYPE OR PRINT)								
		Z30.BI	URIAL CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 236 DOCATION PORTOWN	n mon							
BP		7 5	URITE 1250 DATE REC'D. BY REGISTRAN 25 MIGHT AND	T. JULY							
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LANCE THOMAS TELLER TO SEE TO SEE THE SEEL OF THE SEEL Hen Chicago Nonth Hand of Callet I Care of to 1 and and the leading the second second second with Making the Same Same William Comment of The State of the S April Edward S. S. Wilson S. Williams Markey L. L. Lander